C-230

BIRTH NO. 70 9001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9001

1. NAME OF DECEASED (Type or Print): ANNA ~~XXXXXXXXXXXXXXX~~ CHUSSITT

2. DATE AND HOUR OF DEATH: 9/7/70 1:10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 27-17

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: Concord Apts - Belvedere Ave

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 2/22/93

9. AGE (In years last birthday): 77

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ? PERCOFF

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: MRS. RHEA KOMITZSKY, 3108 SHELBURNE ROAD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cardiac Arrhythmia — hours

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerotic Heart Disease — yrs

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Petit Mal Seizures — yrs

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/7 19 70 to 9/7 19 70 that (I) (we) last saw the deceased alive on 9/7 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alan Steinberg MD DEGREE — Attending Phys. [ ] Med. Director [✓] Staff Phys. [ ]

23B. DATE SIGNED: 9/7/70

23C. PHYSICIAN'S NAME (Type): ALAN STEINBERG MD DEGREE

23D. ADDRESS: Sinai Hosp

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-9-70

24C. NAME of CEMETERY or CREMATORY: BNAI ISRAEL

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970

25B. NAME OF REGISTRAR: Robert E. Tarbey M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-460 70 9002 REG. NO. 70 9002

1. NAME OF DECEASED (Type or Print): Frederick C. Miller

2. DATE AND HOUR OF DEATH: September 8, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 13-06
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3518 Roland Ave.

5. SEX: Male 6. RACE: Cauc. 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: June 5,1913 9. AGE (In years last birthday): 57 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY: A.M.Castle Steel
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Miller
14. MOTHER'S MAIDEN NAME: Nellie McGonigle
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-10-0423
17. INFORMANT: Ivy May Miller ADDRESS: 3518 Roland Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 162.1 Bronchogenic carcinoma
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7/24 1970 to 9/8 1970, that (I) (~~we~~) last saw the deceased alive on 7/24 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Edw. L. Glassman MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/9/70
23C. PHYSICIAN'S NAME (Type): Edw. L. Glassman, M.D. DEGREE
23D. ADDRESS: 4037 Falls Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/12/70
24C. NAME of CEMETERY or CREMATORY: Moreland Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970
25B. NAME OF REGISTRAR: Robert E. Tabery, M.D.
25C. FUNERAL DIRECTOR: Ann Donovan ADDRESS: 3818 Roland Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-460 70 9003 REG. NO. 70 9003

1. NAME OF DECEASED (Type or Print): FRANK E. WELLER

2. DATE AND HOUR OF DEATH: Sept 8, 1970 4:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSP. BALTO. MD 21212

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: BALTO 53-00
C. CITY OR TOWN: LUTHERVILLE D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 206 DUNBEATH COURT

5. SEX: M 6. RACE: WHITE 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-15-1906 9. AGE (In years last birthday): 64 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Area Supervisor

10B. KIND OF BUSINESS OR INDUSTRY: Wester Electric

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William P. Weller

14. MOTHER'S MAIDEN NAME: Mary Mc Lain

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-09-9835

17. INFORMANT: Mrs. Gertrude A. Weller, Same as # 4 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Massive Retroperitoneal Hemorrhage Unknown
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cardio respiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Generalized arteriosclerosis yrs.

19A. DATE OF OPERATION: 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 15 19 69 to Sept 8 19 70, that (I) (we) last saw the deceased alive on Sept 8 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Menendez DEGREE Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 9-9-70

23C. PHYSICIAN'S NAME (Type): M. MENENDEZ DEGREE 23D. ADDRESS: 5820 York Rd, Balto. MD 21212

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9-12-1970 24C. NAME of CEMETERY or CREMATORY: Gardens Of Faith 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970 25B. NAME OF REGISTRAR: Robert E. Feeney, M.D. 25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, 1050 York Road Towson, Maryland 212 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 9004

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

S-530

BIRTH NO.

70 9004

REG. NO.

33

1. NAME OF DECEASED (Type or Print): CHARLES SENNETT

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 5,1970 Hour 10:20 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HOPKINS HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 7-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2403 E. Monument Street

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: Aug. 30, 1948
10. AGE (In years last birthday): 22
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Cornelius Sennett

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Work
14B. KIND OF BUSINESS OR INDUSTRY: Pepsi-Cola Co.
15. MOTHER'S MAIDEN NAME: Alma Rekoner

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 160-38-1002
18. INFORMANT: Mrs. Alma Roloson ADDRESS: 511 Wyannoak Ave.-21218

MEDICAL CERTIFICATION

E965 X

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Stab wound of chest

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Sidewalk
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Madison Street and Montford Avenue 7-02

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-5-70 9:20 P.m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Stabbed during altercation

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9/6/70

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 9-11-70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Crematorium
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: John C. Miller Inc. ADDRESS: 6415 Belair Rd.-21206

VS 151-REV. 1/1/68

N 8731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-260 70 9005

REG. NO. 70 9005

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): HENRY FISCHER

2. DATE AND HOUR OF DEATH: September 8, 1970 | 8:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 518 S. Highland Ave. Baltimore, 21224, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 26-11
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 518 S. Highland Ave. # 21224.

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Apr. 10, 1897
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Paper-Hanger
11. BIRTHPLACE (State or foreign country): Orangeville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Michael Fischer
14. MOTHER'S MAIDEN NAME: Theresa Dorbert
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W.W.I
16. SOCIAL SECURITY NO.: 216-32-6680
17. INFORMANT: Miss Mary A. Fischer
ADDRESS: 518 S. Highland Ave. : Balto., 21224, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ASCVD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Pulmonary Emphysema — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from August 13 1970 to Sept 8 1970 that (I) (~~we~~) last saw the deceased alive on Sept 4 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Frank Supplee, M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/9/70
23C. PHYSICIAN'S NAME (Type): J. Frank Supplee, M.D. DEGREE
23D. ADDRESS: 1110 St Paul St, Balt 2, Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-11-70.
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): 5501 Frederick Ave., Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Charles A. Geiler
ADDRESS: 901 S. Conkling St. Balto., 21224, Md.

VS 150-REV. 1/1/68

1

W-100 70 9006

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9006

1. NAME OF DECEASED (Type or Print): CECELIA WEBB

2. DATE OF DEATH: Known ☐ Estimated ☐ Month: SEPT. Day: 8 Year: 70 Hour: 2 P.M.

3. DATE PRONOUNCED DEAD: Month / Day / Year: September 8,1970 Hour: 2:25 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 27-33

6. SEX: Female

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: Feb.2,1939

10. AGE (In years last birthday): 31
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

E. STREET AND NUMBER: 36 Glenwood Avenue Balto.Md.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Hauf

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Kathleen VanOrman

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service): none

17. SOCIAL SECURITY NO.:

18. INFORMANT: John Webb ADDRESS: 33 Parker Dr. Sumter S.Carolina

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF:

(B) Bronchiectasis
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Cor Pulmonale

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

518X

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum,M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9/9/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/11/70

24C. NAME of CEMETERY or CREMATORY: Evergreen Memorial Pk.

24D. LOCATION (City, town, or county) (State): Sumter S.Carolina

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: KRAUSE FUNERAL HOME ADDRESS: 1216 S.Charles St

VS 151-REV. 1/1/68

1

T-512

70 9007

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9007

1. NAME OF DECEASED (Type or Print): ALBERT THOMPSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 8, 1970 Hour 2:55 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1009 S. Bouldin Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 26-11
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1009 S. Bouldin Street

6. SEX: Male

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Apr. 5, 1910

10. AGE (In years last birthday): 60 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Mt. Carmel Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture Refinisher

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW II

17. SOCIAL SECURITY NO. 214-18-7841

18. INFORMANT: Elwood Smeltzer ADDRESS: 7116 Eastbrook Ave.

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 492X

CAUSE OF DEATH: Chronic emphysema of lungs

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerotic cardiovascular disease

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9/9/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-11-70

24C. NAME of CEMETERY or CREMATORY: Balto. National

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 11 1970

25B. NAME OF REGISTRAR: Robert E. Gaber, M.D.

25C. FUNERAL DIRECTOR: Thelma A. Hoffman ADDRESS: 3218 Hudson St.

VS 151-REV. 7/1/68

1

K-410 70 9008

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9008

1. NAME OF DECEASED (Type or Print): GUSTAVUS L. KOLBE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 5, 1970 Hour 3:00 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 6-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 401 N. Curley Street

35

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 4/23/27
10. AGE (In years last birthday): 43
If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Gustavus Kolbe
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
14B. KIND OF BUSINESS OR INDUSTRY: self-employed
15. MOTHER'S MAIDEN NAME: Rose MacKessy
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give war or dates of service) WW 2 Navy
17. SOCIAL SECURITY NO. 219-10-0966
18. INFORMANT: Miss Rose Kolbe, sister, ADDRESS: 109 N. Potomac St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E968X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia complicating blunt force injury of rectum and abdomen
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 400 Block N. Curley Street 6-01
22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 3 (Year) 70 (Hour) 1:00 A.M.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Subject beaten by assailant

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/6/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/9/70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 11 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 151-REV. 1/1/68

N 86 8

Record from M.E.'s office 9-14-70 M.H.

BIRTH NO. S-552 70 9009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9009

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): STANISLAUS J. SCHIMINGER

2. DATE AND HOUR OF DEATH: 9/5/70 4:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3500 Lyndale Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 21213 26-43
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3500 Lyndale Avenue

5. SEX: male
6. RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6/14/06
9. AGE (In years last birthday): 64
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Route Owner
10B. KIND OF BUSINESS OR INDUSTRY: Stanley Products
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Herman Schiminger
14. MOTHER'S MAIDEN NAME: Anna Komenda

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-10-3705
17. INFORMANT: Mrs. Gertrude A. Schiminger, wife, above
ADDRESS:

MEDICAL CERTIFICATION

18. 157.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Shock + dehydration — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days
DUE TO, OR AS A CONSEQUENCE OF:

(B) Pancreatic carcinoma — months
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?: —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?: —

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/4 19 70 to 9/ 19 ___ that (I) (~~we~~) last saw the deceased alive on 9/4 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did not) view the body after death.

23A. SIGNATURE: J. Mulholland DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/8/70
23C. PHYSICIAN'S NAME (Type): Dr. John Mulholland DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/9/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

1

B-630 70 9010

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9010

BIRTH NO.

33

1. NAME OF DECEASED (Type or Print) MARY A. BARRETT	2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HOPKINS HOSPITAL	3. DATE PRONOUNCED DEAD Month Day Year: September 5, 1970 Hour: 9:10 P. M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Maryland B. COUNTY: 6-04
6. SEX: Female 7. RACE: White 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
9. DATE OF BIRTH: 3/19/96 10. AGE (In years last birthday): 74 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER: 629 N. Castle Street
11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME: John Kiessling
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress 14B. KIND OF BUSINESS OR INDUSTRY: Levi-Ottenheimer Co	15. MOTHER'S MAIDEN NAME: Rose
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.: 212-07-2203	18. INFORMANT: William Barrett, husband, above ADDRESS

MEDICAL CERTIFICATION

19. 4/2.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No): yes (Partial)
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ (Partial) and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9/6/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial	24B. DATE: 9/9/70	24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State): Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970	25B. NAME OF REGISTRAR: Robert E. Farber, M.D.	25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.	ADDRESS: 2601 E. Madison St.

VS 151-REV. 1/1/68

70 089 3

L-600 70 9011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9011

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILHELMINA ~~WILHELMINA~~ LEROY

2. DATE AND HOUR OF DEATH 9-5-70 5 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (FULL NAME OF HOSPITAL OR INSTITUTION; IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 9-17-70 37 Mercy

CERTIFICATE AMENDED

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md. B. COUNTY Baltimore Co 53-06
C. CITY OR TOWN Towson 4 D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER 1131 A. Charles Way

5. SEX F 6. RACE W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH 9-6-81 9. AGE (In years last birthday) 88 If Under 1 Yr. Months 11 Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10B. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (State or foreign country) Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Liebeck 14. MOTHER'S MAIDEN NAME Wilhelmina Schneider

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. 218-09-9047D 17. INFORMANT Mrs. Emma Droge, 1131 Charles Way Towson 4, Md.

MEDICAL CERTIFICATION

18. 562.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B) Diverticulosis, Colon

DUE TO, OR AS A CONSEQUENCE OF:

(C) Rectal bleeding

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/31 1970 to 9/5 1970 that (I) (we) last saw the deceased alive on 9/5 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Boo Kean Kim DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED 9/5/70

23C. PHYSICIAN'S NAME (Type) Boo Kean Kim DEGREE 23D. ADDRESS Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE Sept. 9, 1970 24C. NAME of CEMETERY or CREMATORY Western Cemetery 24D. LOCATION (City, town, or county) Baltimore, (State) Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 11 1970 25B. NAME OF REGISTRAR Robert E. Talbert, M.D. 25C. FUNERAL DIRECTOR Frank H. Howell ADDRESS Howell Funeral Home

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. V-250 70 9012 REG. NO. 70 9012

1. NAME OF DECEASED (Type or Print): Robert Albert Vaughn

2. DATE AND HOUR OF DEATH: Sept. 3, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4221 Kenshaw Ave. Baltimore 15, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 28-31
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4221 Kenshaw Ave.

5. SEX: Male 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct 20,1905 9. AGE (In years last birthday): 64 yrs. If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt.Golf Course
10B. KIND OF BUSINESS OR INDUSTRY: Clifton Park
11. BIRTHPLACE (State or foreign country): Taneytown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Vaughn
14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): W.W. II
16. SOCIAL SECURITY NO.: 216-05-8673
17. INFORMANT: Mrs. Margaret E. Vaughn, ADDRESS: 4221 Kenshaw Ave. Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchogenic Carcinoma — 1 3/4 yrs
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12-31 1968 to 9-3 1970, that (I) (~~we~~) last saw the deceased alive on 9-2 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Stanley R. Steinbach, M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-4-70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept.8,1970
24C. NAME of CEMETERY or CREMATORY: Lake View Cemetery
24D. LOCATION (City, town, or county) (State): Randallstown, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970
25B. NAME OF REGISTRAR: Robert E. Lasley, M.D.
25C. FUNERAL DIRECTOR: Frank H. Newell, Pikesville ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

Weighing band on trigger finger

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-323 70 9013

REG. NO. 70 9013

1. NAME OF DECEASED (Type or Print): Chidester, Russell

2. DATE AND HOUR OF DEATH: 4 Sept. 70, 4:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: BALTIMORE 53-00

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 3300 GAITHER ROAD

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 30 March 1914

9. AGE (In years last birthday): 56 yrs.

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U.S. Air Force

10B. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ULYSSES CHIDESTER

14. MOTHER'S MAIDEN NAME: JESSIE MENDINGER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Marjorie Chidester

ADDRESS: Baltimore, Md. 3300 Gaither Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Inadequate Cardiac Output	2 mos
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Left Ventricular Aneurysm	3 mos
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Myocardial Infarction	3 mos

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Arteriosclerotic Cardiovascular Disease — 10 years

19A. DATE OF OPERATION: 9/4/70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ventricular Aneurysm

20A. AUTOPSY? (Yes or No): yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 1 1970 to Sept 4 1970, that (I) (we) last saw the deceased alive on Sept 4 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robert Daryl Fisher MD, DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/4/70

23C. PHYSICIAN'S NAME (Type): ROBERT D. FISHER, DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Sept. 9 1970

24C. NAME of CEMETERY or CREMATORY: Mountain View Memorial Park

24D. LOCATION (City, town, or county) (State): Herkimer, New York

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970

25B. NAME OF REGISTRAR: Robert E. [illegible]

25C. FUNERAL DIRECTOR: Ralph E. Hicks

ADDRESS: Hicks Home for Funerals, Elkton, Maryland

VS 150-REV. 1/1/68

Released as non-med to J. R. Lenburn MD Med. Examiner. D. Lenburn MD

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-525 70 9014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9014

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY ANN BENSON

2. DATE AND HOUR OF DEATH: Sept. 9, 1970 | 8:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: A.A. 52-00

C. CITY OR TOWN: Severna Park D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: Box 360 Severna Park Pk 3

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: Mar. 19, 1883 9. AGE (In years last birthday): 87 | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner - Ret. 10B. KIND OF BUSINESS OR INDUSTRY: Beach Resort

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Resin Hopkins

14. MOTHER'S MAIDEN NAME: Elizabeth Cragg

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): Unknown No

16. SOCIAL SECURITY NO.: 216328301

17. INFORMANT: Cecil Russell ADDRESS: Above

MEDICAL CERTIFICATION

18. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio-respiratory arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cardio-vascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Senile Dementia · Chronic Renal Failure
Gangrene of right leg; Right ulnar distal embolus

19A. DATE OF OPERATION: Aug. 11, 1970 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Gangrene right leg 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 10 1970 to Sept. 9 1970 that (I) (we) last saw the deceased alive on Sept. 9 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Canizares M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: Sept. 9, 1970

23C. PHYSICIAN'S NAME (Type): ROBERTO R. CANIZARES M.D. DEGREE

23D. ADDRESS: University Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9-12-70 24C. NAME of CEMETERY or CREMATORY: Loudon Park 24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970 25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D. 25C. FUNERAL DIRECTOR: Robert J. Bowman ADDRESS: Severna Pk. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-416

BIRTH NO. 70 9015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9015

1. NAME OF DECEASED (Type or Print): Ethel Leona Gilbert

2. DATE AND HOUR OF DEATH: 9-6-70 5:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harbor View Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Baltimore B. COUNTY: 25-05

C. CITY OR TOWN: Maryland D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 4110 West Bay St.

5. SEX: F 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8/8/05 9. AGE (In years last birthday): 65 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: @ home

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bayley

14. MOTHER'S MAIDEN NAME: Florence Becker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Chart - Harbor View Nursing Home. ADDRESS

MEDICAL CERTIFICATION

18. 412-7-2309

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebro Vascular Accident — 3 yr

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cardio Vascular Disease — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C) Parkinsonism — ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Diabetes Mellitus — ?

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19__ to 9-6 19 70 that (I) (we) last saw the deceased alive on 9-6 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolando V. Goco DEGREE Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-6-70

23C. PHYSICIAN'S NAME (Type): ROLANDO V. GOCO DEGREE

23D. ADDRESS: Balto Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-9-70

24C. NAME of CEMETERY or CREMATORY: Glen Haven Cem.

24D. LOCATION (City, town, or county): Glen Burnie (State): Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970

25B. NAME OF REGISTRAR: Robert E. Farber M.D.

25C. FUNERAL DIRECTOR: Robert D. Bernard ADDRESS: Severna Pk. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A.S. 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-262 70 9016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9016

1. NAME OF DECEASED (Type or Print): MC GREGOR, JOAN ELAINE

2. DATE AND HOUR OF DEATH: SEPTEMBER 8, 1970 9:15 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: HOWARD COUNTY 63-00
C. CITY OR TOWN: COLUMBIA
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 10526 WILLIAM TELL LANE

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 09 14 40
9. AGE (In years last birthday): 29
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MICHIGAN
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: FERN G LOVELL
14. MOTHER'S MAIDEN NAME: BONNIE (BATY)
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) ~~Unknown~~ (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 377-38-7053
17. INFORMANT: ST AGNES HOSP BALTO MD 21229 ADDRESS

MEDICAL CERTIFICATION

18. 734.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Scleroderma.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 1 1970 to SEPTEMBER 8 1970 that (I) (we) last saw the deceased alive on SEPTEMBER 8 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 09 08 70
23C. PHYSICIAN'S NAME (Type): M. IAFZA DEGREE
23D. ADDRESS: ST AGNES HOSP BALTO MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-12-70
24C. NAME of CEMETERY or CREMATORY: Oakwood Cem.
24D. LOCATION (City, town, or county) (State): Traverse City, Mich

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970
25B. NAME OF REGISTRAR: Robert E. Jaeberg
25C. FUNERAL DIRECTOR: Higginbotham & Slack F.H.
ADDRESS: Ellicott City

VS 150-REV. 1/1/68

(12) 1 -620 70 9017

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9017

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JULIA DORSEY

2. DATE AND HOUR OF DEATH: 9/9/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL WILKENS & CATON AVES-BALTO., MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 25-31
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 602 S. CHAPELGATE LANE-

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6 27 97
9. AGE (In years last birthday): 73
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SELF-EMPLOYED
10B. KIND OF BUSINESS OR INDUSTRY: LODGE OWNER
11. BIRTHPLACE (State or foreign country): MINNESOTA
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: JOHN LINDGUIST
14. MOTHER'S MAIDEN NAME: (NIELSON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-34-4955
17. INFORMANT: Hammond B. Dorsey, 1700 Meridene Dr., Balto., Md. 21212

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bacterial Endocarditis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: # days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Diabetes, Hypertension CHF 3 years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Anemia - Septicemia — days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9 3 1970 to 9 9 1970 that (I) (we) last saw the deceased alive on 9 9 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bishay Ebrahimy MD. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-10-70
23C. PHYSICIAN'S NAME (Type): DR. EBRAHIMY MD DEGREE
23D. ADDRESS: ST AGNES HOSPITAL-WILKENS & CATON AVES. BALTO., MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/12/70
24C. NAME of CEMETERY or CREMATORY: Christ Church Cemetery
24D. LOCATION (City, town, or county) (State): Guilford, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970
25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.
25C. FUNERAL DIRECTOR: Witzke
ADDRESS: 1630 Edmondson Av., Balto., Md. 21228

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-534 70 9018 REG. NO. 70 9018

12th

CERTIFICATE AMENDED

9-29-70

1. NAME OF DECEASED (Type or Print): Jacob Lowenthal

2. DATE AND HOUR OF DEATH: Aug 8, 1970 | 1 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Aug. 12, 1970 14-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1111 Park Ave

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: Nov-10, 1887
9. AGE (In years last birthday): 82
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 220-44-0651
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. 410.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction Hypertensive Arteriosclerotic Cardiovascular Disease — Acute
DUE TO, OR AS A CONSEQUENCE OF:

(B) Chronic Congestive Heart Failure & Coronary Artery Disease — 12 yrs.
DUE TO, OR AS A CONSEQUENCE OF:

(C) Generalized Arteriosclerosis — 20 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Cerebral Vascular Disease

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1957 19 to Aug 19 70 that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. William Primoff DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: August 13, 1970
23C. PHYSICIAN'S NAME (Type): H. WILLIAM PRIMOFF DEGREE
23D. ADDRESS: 2502 Eutaw Place

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-14-70
24C. NAME of CEMETERY or CREMATORY: Hebrew Friendship
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: W. J. Teicher
ADDRESS: Northwest Pa. Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Letter from Md. General Hospital 9-29-70 M.H.

W-425 70 9019

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9019

1. NAME OF DECEASED (Type or Print): MARIE J. WILSON

2. DATE AND HOUR OF DEATH: September 9, 1970 5:45 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5008 Gwynn Oak Avenue

OD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 28-02

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 5008 Gwynn Oak Avenue

5. SEX: Female

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-14-1916

9. AGE (In years last birthday): 53

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Spencer Hack

14. MOTHER'S MAIDEN NAME: Julia Hack

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. Ernest C. Wilson ADDRESS: 5008 Gwynn Oak Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

162.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Lungs — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mos

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from March 26 1970 to Sept 9 1970 that (I) (we) last saw the deceased alive on Aug 10 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) [redacted] (did not) view the body after death.

23A. SIGNATURE: Herbert L. Moseley MD DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/10/70

23C. PHYSICIAN'S NAME (Type): HERBERT L. MOSELEY, JR MD DEGREE

23D. ADDRESS: 1325 W. Lanvale St. Betts Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-12-70

24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.

ADDRESS: 1701 Laurens Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-354 70 9020

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9020

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased priar to death. Such written appraval must be obtained before the remains are embalmed or final dispasition is made.

1. NAME OF DECEASED (Type or Print): ALVERTA M. STANLEY

2. DATE AND HOUR OF DEATH: September 9, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1023 Kevin Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 28-44
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1023 Kevin Road

5. SEX: Female
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-17-1917
9. AGE (In years last birthday): 53
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10B. KIND OF BUSINESS OR INDUSTRY: Westington House
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Brown
14. MOTHER'S MAIDEN NAME: Eva R. Brown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-07-4319
17. INFORMANT: Mr. Thomas Miller ADDRESS: 1023 Kevin Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinomatosis
DUE TO, OR AS A CONSEQUENCE OF:
(B) Ca of left breast — 2 years
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: Feb 1969
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JAN. 1969 to ~~Sept.~~ AUG. 1970 that (I) (we) last saw the deceased alive on AUG. 24 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Aubert B. Flores DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/10/70
23C. PHYSICIAN'S NAME (Type): AUBERT B. FLORES DEGREE M.D.
23D. ADDRESS: 3502 W. Rogers Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-12-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens Street

VS 150-REV. 1/1/68

40-24-32 djs

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-346 70 9021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9021

1. NAME OF DECEASED (Type or Print): Butler Louise E.

2. DATE AND HOUR OF DEATH: 9/10/70 5:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-12
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4940 Eastern Avenue 21224

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 10/18/13
9. AGE (In years last birthday): 56
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas L. Butler
14. MOTHER'S MAIDEN NAME: Rebecca Johnson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH: Records
ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

349.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Syringomyelia — approx. 45 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 24, 1964 to September 10, 1970 that (I) (we) last saw the deceased alive on September 9, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William Feder DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/10/70
23C. PHYSICIAN'S NAME (Type): William Feder M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/14/70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary
24D. LOCATION (City, town, or county) (State): O. A. County, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Joseph L. Lotz Jr.
ADDRESS: 1304 N. Central Ave

VS 150-REV. 1/1/68

M-420

BIRTH NO. 70-144517 0 9022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9022 C

1. NAME OF DECEASED (Type or Print): BABY GIRL MILES

2. DATE AND HOUR OF DEATH: 8/16/70 | 3 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland | B. COUNTY: 4-01

C. CITY OR TOWN: Balto | D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 521 E Balto St.

5. SEX: F | 6. RACE: W | 7. MARITAL: MARRIED [ ] NEVER MARRIED [✓] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 8/16/70 | 9. AGE (In years last birthday): If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min. 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES BARRETT | 14. MOTHER'S MAIDEN NAME: SUZANNE MILES

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Prematurity, generalized (24 weeks gestation). — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] | 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 16 1970 to (Born on arrival) 19 that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE | Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓] | 23B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type): EUSEBIO P. GONZALES M.D. DEGREE | 23D. ADDRESS: ANATOMY BOARD OF MARYLAND UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify) | 24B. DATE: 8-25-70 | 24C. NAME of CEMETERY or CREMATORY | 24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970 | 25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D. | 25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD | ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-1201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9023

70 9023

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Florence Davis

2. DATE AND HOUR OF DEATH: 9/8/70 4:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Univ. of Maryland Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1021 Edmondson

5. SEX: F
6. RACE: N
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9/6/?
9. AGE (In years last birthday): 80
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Kate Ashton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 242-32-3818
17. INFORMANT: Husband
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

410.9

(A) IMMEDIATE CAUSE: Probable Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: (DOA)

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) did not attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on 0 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stephen L. Winter MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/9/70
23C. PHYSICIAN'S NAME (Type): Stephen L. Winter MD DEGREE
23D. ADDRESS: Univ. of Md. Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-14-70
24C. NAME of CEMETERY or CREMATORY: Baltimore Nat Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Elroy O. Wilson
ADDRESS: Sept.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-3631

327. 577470 9024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9024

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Samuel Stewart

2. DATE AND HOUR OF DEATH: Aug. 18, 1970 | M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): D.O.A. John Hopkins Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 9-09
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1305 N. Central Ave.

5. SEX: Male
6. RACE: Colored
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5/28/23
9. AGE (In years last birthday): 47
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Stewart
14. MOTHER'S MAIDEN NAME: Lucy —

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-16-8990
17. INFORMANT: Daisy Stewart — ADDRESS: 1633 E. LaFayette Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CVA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: wk.
DUE TO, OR AS A CONSEQUENCE OF:
(B) HCVD — 6 mos.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C. Lee, M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 8/22/70
23C. PHYSICIAN'S NAME (Type): C DUDLEY LEE MD 0-5240-1-01-2 DEGREE
23D. ADDRESS: 1501 E. Eager St., Balto. Md. 21205

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8-23-70
24C. NAME of CEMETERY or CREMATORY: Hanville, Tenn.
24D. LOCATION (City, town, or county) (State): Hanville Va.

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Planter Funeral Home — ADDRESS: Seymour N.C. 500 N. W. St. 1002 Brantley Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-3001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9025

BIRTH NO. 70 9025

1. NAME OF DECEASED (Type or Print): Thomas Scott

2. DATE AND HOUR OF DEATH: 9-9-70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt. Sinai Nursing Home 4613 Park Heights Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: 115 N. Chapel St.

B. COUNTY: 6-04

C. CITY OR TOWN: Baltimore, Md.

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 115. N. Chapel St.

5. SEX: F

6. RACE: Black

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3/11/04

9. AGE (In years last birthday): 66

If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Scott

14. MOTHER'S MAIDEN NAME: Laura Wilson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-20-5323A

17. INFORMANT: Eleanor Scott ADDRESS: 115 N. Chapel St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Carcinoma of Sigmoid — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinomatosis —

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/22/70 19 to 9/9/70 19, that (I) (we) last saw the deceased alive on 9/9 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Edward S. Kallins MD DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/10/70

23C. PHYSICIAN'S NAME (Type): Edward S. Kallins, M.D. DEGREE

23D. ADDRESS: 6000 Park Hts Av Baltimore Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-12-70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970

25B. NAME OF REGISTRAR: Robert E. Gallagher, M.D.

25C. FUNERAL DIRECTOR: S. A. Wilson ADDRESS: 1000 Brantley Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P-4631

70 9026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9026

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Eleanor POLLARD

2. DATE AND HOUR OF DEATH: 9/10/70 9:55 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: —

2-03

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 515 S. Caroline St.

5. SEX: Female

6. RACE: Negro

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11/28/25

9. AGE (In years last birthday): 44

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jake Connor

14. MOTHER'S MAIDEN NAME: Anna Morgan

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Husband

ADDRESS: 515 S. Caroline St

MEDICAL CERTIFICATION

18. 174X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: Intracerebral Hemorrhage	24 hrs.
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	Metastatic Adenocarcinoma of Breast	3 yrs.
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) attended the deceased from Sept. 10 19 70 to 19 that (I) last saw the deceased alive on Sept 10 19 70 and that in (my) opinion death occurred on the date and hour and from the causes stated above. (I) (did) view the body after death.

23A. SIGNATURE: James C. Bobrow M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/10/70

23C. PHYSICIAN'S NAME (Type): James C. Bobrow MD DEGREE

23D. ADDRESS: 601 N. Broadway

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-15-70

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem

24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: C. Wilson

ADDRESS: 1001 Brantly Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

OSLER-3

10 10 70

J-5251

70-9027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9027

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SARAH JOHNSON

2. DATE AND HOUR OF DEATH: 7 SEPT. 1970 | 10 25 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

3.3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND, B. COUNTY: BALT. 16-01

C. CITY OR TOWN: BALT

D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 615 N CAREY

5. SEX: F

6. RACE: N

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]

8. DATE OF BIRTH: 8/9/12

9. AGE (In years last birthday): 58

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-14-4206

17. INFORMANT: Elizabeth Reeks 765 Baltimore Md

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Renal failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO, OR AS A CONSEQUENCE OF:

(B) Peritonitis — 3 days

DUE TO, OR AS A CONSEQUENCE OF:

(C) Unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/1 1970 to 9/7 1970, that (I) (we) last saw the deceased alive on 9/7 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Benjamin L. Portnoy M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 9/7/70

23C. PHYSICIAN'S NAME (Type): BENJAMIN L. PORTNOY DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-11-70

24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem

24D. LOCATION (City, town, or county) (State): Baltimore County Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970

25B. NAME OF REGISTRAR: Phillips E. Talbert, M.D.

25C. FUNERAL DIRECTOR: E. Durlan

ADDRESS: 1000 Bremerton

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-535 70 9028 BALTIMORE CITY HEALTH DEPARTMENT X

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9028

1. NAME OF DECEASED (Type or Print): THELMA BENTON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month September Day 9 Year 1970 Hour 2:10 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore
C. CITY OR TOWN: Baltimore, Arbutus D. INSIDE CITY LIMITS? YES ☒ NO ☐ 53-00

6. SEX: Female 7. RACE: White 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 5/8/05 10. AGE (In years last birthday): 65 If Under 1 Yr. Months Days Hours Min. If Under 24 Hrs.

E. STREET AND NUMBER: 5008 Shelbourne Rd.

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA 13. FATHER'S NAME: George Brutsche

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework 14B. KIND OF BUSINESS OR INDUSTRY: Own Home 15. MOTHER'S MAIDEN NAME: Ida Simon

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 18. INFORMANT: Hoyle Benton ADDRESS: 5008 Shelbourne Rd

MEDICAL CERTIFICATION

19. E9501 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH: Overdose of Aspirin — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerotic cardiovascular disease

20A. DATE OF OPERATION: 2 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 5008 Shelbourne Rd. 53-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-8-70 2-3:00 P.m. 22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 22F. HOW DID INJURY OCCUR? Subject ingested overdose of aspirin

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
DATE SIGNED: 9/9/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/12/70 24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970 25B. NAME OF REGISTRAR: Robert E. Jackson M.D. 25C. FUNERAL DIRECTOR: Gambrill Bros. ADDRESS: 1328 Lafayette Sq. Rd.

VS 151-REV. 1/1/68 N 9651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-263 70 9029

REG. NO. 70 9029

1. NAME OF DECEASED (Type or Print): IRA RICHARDSON

2. DATE AND HOUR OF DEATH: 9/10/70 8:45 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 26-09

C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 711 S. Conkling St.

5. SEX: M

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2/13/01

9. AGE (In years last birthday): 69

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrus

14. MOTHER'S MAIDEN NAME: Ann Denny

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-09-2715

17. INFORMANT: Mrs. Emma Richardson Same ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ca of stomach — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: months

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: July '70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca of stomach

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____ that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John A. Singer MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/10/70

23C. PHYSICIAN'S NAME (Type): JOHN A. SINGER, M.D. DEGREE

23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/14/70

24C. NAME of CEMETERY or CREMATORY: Oakland

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 11 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Joseph M. Zannino ADDRESS: 263 S Conkling St

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. E-231 70 9030

REG. NO. 70 9030

1. NAME OF DECEASED (Type or Print): MARTHA EASTEP

2. DATE AND HOUR OF DEATH: (9-11-70) 2:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BOLTON HILL NURSING CENTER

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 25-31

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 4701 ~~$~~701 E MILBOURNE ROAD

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH: 10-13-77

9. AGE (In years last birthday): 91

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY EASTON

14. MOTHER'S MAIDEN NAME: MARTHA GARLAND

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: ADMISSION RECORD

ADDRESS:

MEDICAL CERTIFICATION

1B. 1888X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: CA of bladder with bleeding — months

DUE TO, OR AS A CONSEQUENCE OF:

(B) arteriosclerotic heart disease — years

DUE TO, OR AS A CONSEQUENCE OF:

(C) arteriosclerosis generalized — years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/26 19 69 to 9/11 19 70, that (I) (we) last saw the deceased alive on 9/11 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/11/70

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE

23D. ADDRESS: 2E Read St Baltimore 21202

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: SEPT. 15 70

24C. NAME of CEMETERY or CREMATORY: ONKS CEMETERY

24D. LOCATION (City, town, or county) (State): JOHNSON CITY, TENNESSEE

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: WITZKE-HOWARD COUNTY FUNERAL HOME

ADDRESS: ELLICOTT CITY MD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-640 70 9031

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9031

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Margaret Hurley

2. DATE AND HOUR OF DEATH: 9/11/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3519 Hayward Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore 27-88
C. CITY OR TOWN: Baltimore Md. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3519 Hayward Av., Baltimore, Md. 21215

5. SEX: Female
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2/14/1876
9. AGE (In years last birthday): 94 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Knight
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-54-7110 D
17. INFORMANT: Mr. Frank Long ADDRESS: 3722 Offutt Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 431.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Hemorrhage — 3 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cerebral Arterio-Sclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Generalized Arterio-Sclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from ____ 19 48 to 9/11/70 19 ____ that (I) (~~we~~) last saw the deceased alive on 9/10/70 19 ____ and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Julius C. Gluck, M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/11/70
23C. PHYSICIAN'S NAME (Type): Dr. Julius Gluck DEGREE
23D. ADDRESS: 5356 Reiserstown Road.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/14/70
24C. NAME of CEMETERY or CREMATORY: Mount Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Mitzke, 4101 Edmondson Av., Balto., Md. 21229 ADDRESS

VS 150-REV. 1/1/68

57-48-18 djs

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-642 70 9032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9032

1. NAME OF DECEASED (Type or Print): Carlson, Carl A.

2. DATE AND HOUR OF DEATH: September 11, 1970 6:00 A.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 6-04
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 120 North Washington Street 21231

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10-6-87
9. AGE (In years last birthday): 82 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired WIRE STRIPER
10B. KIND OF BUSINESS OR INDUSTRY: MD DRY DOCK
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John CARLSON
14. MOTHER'S MAIDEN NAME: Mia UNK.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 217-07-6895A
17. INFORMANT: BCH: Records — ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory distress — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis – Pneumonia LLL

DUE TO, OR AS A CONSEQUENCE OF:

(C) Rales

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/22 19 70 to 9 11 19 70 that (I) (we) last saw the deceased alive on 9 11 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michel Saade DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9. 11. 70
23C. PHYSICIAN'S NAME (Type): MICHEL SAADE DEGREE
23D. ADDRESS: BCH 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: SEPT 14 1970
24C. NAME of CEMETERY or CREMATORY: LAKEVIEW MEMORIAL PARK
24D. LOCATION (City, town, or county) (State): LIBERTY RD BALTO MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: CHAVIAPEL BROS INC — ADDRESS: 1800 E LOMBARD ST

VS 150-REV. 1/1/68

NO

CARLSON

UNK.

WIRE STRIPPER MD DRY DOCK

U.S.A.

P-620

BIRTH NO. 70 9033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9033

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): William R Price

2. DATE AND HOUR OF DEATH: 9/11/70 2:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Midtown Home, 808 St. Paul St., Balt, Md

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 423 S. Maderia Street

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6/3/99
9. AGE (In years last birthday): 71
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Sexton
10B. KIND OF BUSINESS OR INDUSTRY: St. Patrick Church
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Michael Studzinski
14. MOTHER'S MAIDEN NAME: Antoinette Nowak
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216 07 7105 A
17. INFORMANT: John Price ADDRESS: 7369 Manchester Road

MEDICAL CERTIFICATION

18. 412.4 + 571.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF:
Congestive Heart Failure
(B) Arteriosclerotic CVA D
DUE TO, OR AS A CONSEQUENCE OF:
(C) Alcoholic Cirrhosis of Liver

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Mar 20 1968 to Sept. 11 1970 that (I) (we) last saw the deceased alive on Sept 11 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did not) view the body after death.

23A. SIGNATURE: Willard Appleford DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): WILLARD APPLEFORD DEGREE
23D. ADDRESS: 6615 Reisterstown Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-15-1970
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Sanders, M.D.
25C. FUNERAL DIRECTOR: Gilly & Zeiler Inc. ADDRESS: 1901-07 Eastern Ave.

VS 150-REV. 1/1/68

K-520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 9034 REG. NO. 70 9034

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WILLIAM E. KING, SR.

2. DATE AND HOUR OF DEATH: September 12, 1970 | 6.30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1903 Griffis Avenue, Baltimore, Maryland 21230

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25.53
C. CITY OR TOWN: Morrell Park
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1903 Griffis Avenue

5. SEX: Male
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-26-1909
9. AGE (In years last birthday): 61
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Fireman
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City Fire Dept.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John E. King
14. MOTHER'S MAIDEN NAME: Elma W. Zimmerman
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-09-9603
17. INFORMANT: Mrs. Catherine E. King, 1903 Griffis Ave.
ADDRESS: 21230

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 151.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of the Stomach.
DUE TO, OR AS A CONSEQUENCE OF:
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 8-17 1970 to 9-11 1970 that (I) (we) last saw the deceased alive on 9-11, 9 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Nureddin Erk. MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9, 12, 1970
23C. PHYSICIAN'S NAME (Type): Nureddin Erk DEGREE
23D. ADDRESS: 2436 Washington Blvd., Balto., Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-15-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. SEP 14 1970
25B. NAME OF REGISTRAR: Jabez E. Jabez, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

C-652 70 9035

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9035

1. NAME OF DECEASED (Type or Print): Crenshaw Wilbert

2. DATE AND HOUR OF DEATH: 9-5-70 7:15 A.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 3-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1535 E Lafayette St. 21231

5. SEX: M
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/10/14
9. AGE (In years last birthday): 55
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Merchant Marine
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Rufus Crenshaw
14. MOTHER'S MAIDEN NAME: Elizabeth Jarman
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 215-05-2059
17. INFORMANT: Rosetta Morgan ADDRESS: 4015 Border Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cachexia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 wks
DUE TO, OR AS A CONSEQUENCE OF:
(B) Recurrent Ca of Tongue — 4/13/70
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 4/29/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca Tongue
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work [ ] — Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from Sept 4 19 70 to Sept 5 19 70 that (I) (we) last saw the deceased alive on Sept 5 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gregory B. Bulkley MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/15/70
23C. PHYSICIAN'S NAME (Type): Gregory B. Bulkley DEGREE
23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-15-70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel Coun. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: Calvin B. Scruggs
ADDRESS: 1412 E. Preston

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9036

BIRTH NO. G-363 70 9036

1. NAME OF DECEASED (Type or Print): Allen H. Goddard

2. DATE AND HOUR OF DEATH: 9-10-70 10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2321 Sidney Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: 2321 Sidney Ave
B. COUNTY: 25-33
C. CITY OR TOWN: Balto. MD.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2321 Sidney Ave.

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 7/15/1912
9. AGE (In years Last birthday): 58
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer
10B. KIND OF BUSINESS OR INDUSTRY: Fordeff
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rhudy Goddard
14. MOTHER'S MAIDEN NAME: Elizabeth Norris

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 217-05-6219
17. INFORMANT: Mr. Robert E. Cunningham
ADDRESS: 7N. Gardenave Garland Md.

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan 12 1970 to Sept 10 1970, that (I) (we) last saw the deceased alive on Sept 31 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Paul Schlossed DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/10/70
23C. PHYSICIAN'S NAME (Type): Paul Schlossed DEGREE
23D. ADDRESS: 7301 Annapolis Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/14/70
24C. NAME of CEMETERY or CREMATORY: Balto National Cem.
24D. LOCATION (City, town, or county): Baltimore (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: John J. Corcoran & Son Inc.
ADDRESS: 9 Holliday St. Balto 23 Md.

VS 150-REV. 1/1/6B

F-635 70 9037

BIRTH NO. [redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9037

1. NAME OF DECEASED (Type or Print): FORTNER, IRA.

2. DATE AND HOUR OF DEATH: 9-7-1970. 2:55 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): S. Balt. Gen. Hosp. 13 S. Hanover St. Balt. Md. 21230

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland. B. COUNTY: Baltimore 22-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 807. William St. 21230.

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 11-26-20.
9. AGE (In years last birthday): 49
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DRIVER ~~NONE~~
10B. KIND OF BUSINESS OR INDUSTRY: TRUCKING
11. BIRTHPLACE (State or foreign country): W. VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U-S-A.

13. FATHER'S NAME: JOSEPH
14. MOTHER'S MAIDEN NAME: EFFIE FOLDEN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS BETTY HOLLEY ADDRESS: 128 E. MONTGOMERY

MEDICAL CERTIFICATION

18. 621.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: G-I. Bleeding
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cirrhosis of Liver.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic alcoholism, portal hypertension.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): 0
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-2. 19 70 to 9-7 19 70. that (I) (we) last saw the deceased alive on 9-7. 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/7/70.
23C. PHYSICIAN'S NAME (Type): AISHA SIMJEE. M.D. DEGREE
23D. ADDRESS: S. Balt. Gen. Hosp. Balt. Md. 21230.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/11/70
24C. NAME of CEMETERY or CREMATORY: CEDAR HILL CEM.
24D. LOCATION (City, town, or county) (State): BALTIMORE, MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: JOHN F. DENNY, INC. ADDRESS: 715 LIGHT ST

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-240

70 9038

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9038

1. NAME OF DECEASED (Type or Print): Margaret Street ~~McCaulay~~ MACAULAY

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 9 Day: 10 Year: 70 Hour: 4:00 P.M.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 10 Year: 70 Hour: 4:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland 21146 B. COUNTY: Anne Arundel
C. CITY OR TOWN: SEVERNA PARK D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: Box 566 Benfield Rd. Severna Park, Md.

6. SEX: F 7. RACE: W 8. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

9. DATE OF BIRTH: 10-26-1892 10. AGE (In years last birthday): 77 If Under 1 Yr. Months / Days / Hours / Min.

11. BIRTHPLACE (State or foreign country): ILLINOIS 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME: RICHARD S. STREET

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 14B. KIND OF BUSINESS OR INDUSTRY: 15. MOTHER'S MAIDEN NAME: (?)

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service): — 17. SOCIAL SECURITY NO. 564-03-6548 18. INFORMANT: PATRICIA MACAULEY HARRIS ADDRESS: SAME

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple injuries
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 21. AUTOPSY? (Yes or No): NO

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Joyce Lane, Arnold, Maryland
22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 10 (Year) 70 (Hour) 12:45 P.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Auto-Auto Accident

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE OF EXAMINER: Deputy M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER [X] ASSISTANT MEDICAL EXAMINER [ ] ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: 9/11/70

24A. ~~BURIAL~~ CREMATION, ~~REMOVAL~~ (Specify): CREMATION 24B. DATE: 9-11-1970 24C. NAME of ~~CEMETERY or~~ CREMATORY: GREENMOUNT 24D. LOCATION (City, town, or county) (State): BALTIMORE, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970 25B. NAME OF REGISTRAR: [illegible] M.D. 25C. FUNERAL DIRECTOR: W. Brooks Bradley, Lutherville, Md. ADDRESS:

VS 151-REV. 3/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. M-300 70 9039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9038

1. NAME OF DECEASED (Type or Print): MRS MARGARET M. MATTHAI ~~MATTHAI~~

2. DATE AND HOUR OF DEATH: 9/11/70 1:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: BALTIMORE 21222
C. CITY OR TOWN: DUNDALK ~~Baltimore~~ D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3819 Northpoint ROAD 53-00

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 6-15-1888 9. AGE (In years last birthday): 82 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN F DEBOY

14. MOTHER'S MAIDEN NAME: Annie Donhauser

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-07 7428

17. INFORMANT: ~~Hazel~~ ANNE E. MAGUIRE ADDRESS: DAUGHTER

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 157.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic adenocarcinoma
DUE TO, OR AS A CONSEQUENCE OF:
(B) Presumably from pancreas
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/18/ 1970 to 9/11/ 1970 that (I) (we) last saw the deceased alive on 9/11/ 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 9/11/70

23C. PHYSICIAN'S NAME (Type) DEGREE 23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 9-14-70 24C. NAME of CEMETERY or CREMATORY: HOLY REDEEMER 24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970 25B. NAME OF REGISTRAR: [signature] M.D. 25C. FUNERAL DIRECTOR: W. Pinks Bradley ADDRESS: Dundalk, Md

VS 150-REV. 1/1/68

S-460 70 9040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9040

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): SCHELLER, CHARLES ERNEST

2. DATE AND HOUR OF DEATH: September 7,1970 9:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Blvd., Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 7-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [XX] NO [ ]
E. STREET AND NUMBER: 719 Durley St.

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-14-08
9. AGE (In years last birthday): 61
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur
10B. KIND OF BUSINESS OR INDUSTRY: Delivery Baltimore
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Charles Scheller
14. MOTHER'S MAIDEN NAME: Delma Harn
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 3-19-45 to 12-23-45
16. SOCIAL SECURITY NO.: 215-10-7205
17. INFORMANT: Records V. A. Hospital ADDRESS: 3900 Loch Raven Blvd., Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

162.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Apiration — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9+25 AM

DUE TO, OR AS A CONSEQUENCE OF:

(B) Bronchogenic carcinoma — 1 Year

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that [XX] (this hospital) attended the deceased from September 7, 1970 to September 7 1970 that [XX] (we) last saw the deceased alive on September 7 1970 and that in [XX] (our) opinion death occurred on the date and hour and from the causes stated above. [X] (We) (did) [XX] (not) view the body after death.

23A. SIGNATURE: Gary D. Plotnik MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): Gary D. Plotnik DEGREE
23D. ADDRESS: V. A. Hospital, 3900 Loch Raven Blvd., Balto. Md

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/11/70
24C. NAME of CEMETERY or CREMATORY: Tailorsville Cemetery
24D. LOCATION (City, town, or county) (State): Tailorsville, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Haber, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

1

P-160 70 9041

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9041

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Josephine Mary Popper

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 7 Year 70 Hour 1:30 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 26-43
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3937 Chesterfield Ave.

6. SEX: female
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 1/16/95
10. AGE (In years last birthday): 75
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Nowicka

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: at home
15. MOTHER'S MAIDEN NAME: unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 214-14-8807B
18. INFORMANT: Norbert Popper, husband, above ADDRESS

MEDICAL CERTIFICATION

19. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 9/8/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/10/70
24C. NAME of CEMETERY or CREMATORY: Moreland Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Gaither, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

1 9 7 0 0 0 8 0 2 6

VS 151-REV. 1/1/68

M-240 70 9042

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9042

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): GUIDO MUSCALLI

2. DATE AND HOUR OF DEATH: 9.8.70 | 6-10. A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL 35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: BALTIMORE B. COUNTY: MARYLAND 6-04
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2003 E. JEFFERSON ST 21205

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6.16.1891
9. AGE (In years last birthday): 79 yrs
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED CEMENT FINISHER
10B. KIND OF BUSINESS OR INDUSTRY: Masons Int.Assn.
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: DOMINIC MUSCALLI
14. MOTHER'S MAIDEN NAME: ROSA CAMAONA
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): no UNKNOWN (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215 10 9496
17. INFORMANT: Emilia Muscalli, wife, above — ADDRESS: MRS ROSE STARKEY 3111 E. MONUMENT ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CVA — Approximate interval between onset and death: 1 week
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Atherosclerosis
DUE TO, OR AS A CONSEQUENCE OF:

(C) CA DESCENDING COLON — 2 months

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8.28.70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CA DESCENDING COLON
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8. 21. 19 70 to 9. 8. 19 70 that (I) (we) last saw the deceased alive on 9. 8. 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Vasantbatta, MD. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): VASANT DATTA MD. DEGREE
23D. ADDRESS: CHURCH HOME & HOSPITAL BALTO, MD

24A. BURIAL CREMATION, REMOVAL (Specify): Entombment
24B. DATE: 9/11/70
24C. NAME of CEMETERY or CREMATORY: Lorraine Mausoleum
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Schamunek Funeral Home, Inc. — ADDRESS: 2001 E. Madison St.

VS 150-REV. 1/1/68

K-516 70 9043

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9043

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): DONALD L. KEMPER

2. DATE AND HOUR OF DEATH: September 8, 1970 8 15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Univ. of Md. Hospital 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: ? CARROLL 56-27
C. CITY OR TOWN: Westminster
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 195 Franklin Ave.

5. SEX: M
6. RACE: Cauc.
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 22, 1952
9. AGE (In years last birthday): 17
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CLYDE KEMPER
14. MOTHER'S ~~MAIDEN~~ NAME: DE LAUTER Madeline KEMPER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: HOSPITAL RECORD. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 2001

(A) IMMEDIATE CAUSE: Lymphoblastic Leukemia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF: Preceeded by Burkitt's Lymphoma — 10 mos.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-15 1970 to 9-8 1970 that (I) (we) last saw the deceased alive on 9-8 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Frederick Pearson, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Sept. 8, 1970
23C. PHYSICIAN'S NAME (Type): FREDERICK PEARSON, M.D. DEGREE
23D. ADDRESS: Univ. of Maryland Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/11/70
24C. NAME OF CEMETERY or CREMATORY: GREEN HILL CEMETERY
24D. LOCATION (City, town, or county) (State): WAYNESBORO, PENNA.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.
25C. FUNERAL DIRECTOR: J. B. Zimmers, Jr. ADDRESS: Westminster, Md.

VS 150-REV. 1/1/68

G-521 70 9044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9044

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FANNIE GENSHAFT

2. DATE AND HOUR OF DEATH: 9-9-70 - 9:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of BALTIMORE

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: Balto Co

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 5912 FRANKLIN AVENUE 21207

53-00

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 6-5-92

9. AGE (In years last birthday): 78

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SAUL WOLFE STALL

14. MOTHER'S MAIDEN NAME: IDA ——— ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Benjamin Genshaft

ADDRESS: 5912 Franklin Ave. #407

MEDICAL CERTIFICATION

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: myocardial infarction

DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) Acute Pulmonary Edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): (Yes)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-3 1970 to 9-9 1970 that (I) (we) last saw the deceased alive on 9-9- 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rodolfo S. Victoria M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9-9-70

23C. PHYSICIAN'S NAME (Type): RODOLFO S. VICTORIA M.D. DEGREE

23D. ADDRESS: SINAI HOSPITAL of BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL-BURIAL

24B. DATE: 9-11-70

24C. NAME of CEMETERY or CREMATORY: SONS OF ISRAEL

24D. LOCATION (City, town, or county) (State): SPRINGFIELD, MASSACHUSETTS

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.,

ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-262 70 9045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9045

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WASSERKRUG, WILLIAM

2. DATE AND HOUR OF DEATH: 9/9/70 13.45 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSPITAL OF BALTO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 15-11

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3700 GRANTLEY ROAD

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6-1-~~1905~~ 1895

9. AGE (In years last birthday): 75.

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFER

10B. KIND OF BUSINESS OR INDUSTRY: TAXI

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JACOB WASSERKRUG

14. MOTHER'S MAIDEN NAME: FRIEDA KATZ

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): YES

(If yes, give war or dates of service): W.W. I ARMY

16. SOCIAL SECURITY NO.: 212-32-7742

17. INFORMANT: MRS. FLORENCE WASSERKRUG

ADDRESS: 3700 GRANTLEY RD. #15

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

204.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CHRONIC LYMPHOCYTIC LEUKEMIA.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

CHRONIC PULMONARY DISEASE.

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/8 1970 to 9/9 1970 that (I) (we) last saw the deceased alive on 9/9 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/9/70.

23C. PHYSICIAN'S NAME (Type): ANDREAS A. PETSAS M.D. DEGREE

23D. ADDRESS: SINAI HOSPITAL OF BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-10-70

24C. NAME of CEMETERY or CREMATORY: ANSHE EMUNAH

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Tabers, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9046

BIRTH NO. I-520 Cumberland, Md. 70 9046

1. NAME OF DECEASED (Type or Print): BABY BOY INES

2. DATE AND HOUR OF DEATH: 9/10/70 11:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIV. OF MARYLAND HOSP. 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY (PARENTS): Allegany 51-00
C. CITY OR TOWN: CUMBERLAND
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: WINCHESTER RD. Trade Winds Trailer Court Lot 17

5. SEX: M
6. RACE: C
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/30/70
9. AGE (In years last birthday): If Under 1 Yr. Months / Days: 11 / Hours / Under 24 Hrs. Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): CUMBERLAND MD
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ROBERT INES
14. MOTHER'S MAIDEN NAME: PATRICIA - Kinser

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: FATHER
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 75-0.2

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: RESPIRATORY FAILUR — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:

(B) SEPSIS; MULTIPLE CONGEN. — SINCE BIRTH
DUE TO, OR AS A CONSEQUENCE OF:

(C) ANOMALIES INCLUDING
C

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). TE FISTULA, HEART ANOMALIE, IMPERF ANUS

19A. DATE OF OPERATION: 8/31 9/9
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: TE FISTULA, IMPERF. ANUS; AIR IN PERITONEUM
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8/30/70 19__ to 9/10 19 70 that (I) (we) last saw the deceased alive on 9/10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/12/70
23C. PHYSICIAN'S NAME (Type): WALDMAN MD DEGREE
23D. ADDRESS: UNIV. HOSP, BALT. MD

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/12/1970
24C. NAME of CEMETERY or CREMATORY: Mt. Olive Cemetery
24D. LOCATION (City, town, or county) (State): Allegany County Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Charles E. Haber
ADDRESS: HABER FUNERAL, CUMBERLAND, MD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-620 70 9047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9047

1. NAME OF DECEASED (Type or Print): Brooks, Mary Louise

2. DATE AND HOUR OF DEATH: Sept 12 - 1970 12 15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 26-43

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 3717 Erdman Ave

5. SEX: Female

6. RACE: Caucasian

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11/9/09

9. AGE (In years last birthday): 60

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 411-01-9445

17. INFORMANT: John R. Brooks Jr.

ADDRESS: As Above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Cerebral Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 16 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertensive Cardiovasc Dis. — 12 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/26 19 70 to 9/12 19 70 that (I) (we) last saw the deceased alive on 9/11 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Laurence Gilles MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ Intern

23B. DATE SIGNED: 9/12/70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS: University Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/15/70

24C. NAME of CEMETERY or CREMATORY: Baltimore National

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Jabez E. Tarley, M.D.

25C. FUNERAL DIRECTOR: Raymond C. Fink

ADDRESS: Glen Burnie, Md.

VS 150-REV. 1/1/68

S-632 70 9048

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9048

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ELIZABETH SIEWERTS

2. DATE AND HOUR OF DEATH: September 9, 1970 11:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital

34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 20-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 428 S. Bentalou Street

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 30, 1893
9. AGE (In years last birthday): 77
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Yager
14. MOTHER'S MAIDEN NAME: Elizabeth Wall

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Alfred P. Siewerts, 428 S. Bentalou St.
ADDRESS: 21223

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary Artery occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Cardiovasc. Disease
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Osteoarthritis

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from March 30 1965 to Sept. 9, 1970 that (I) (we) last saw the deceased alive on Sept. 9, 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death. Cleared c̄ Medical Examiner

23A. SIGNATURE: Harry L. Knipp M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-10-70
23C. PHYSICIAN'S NAME (Type): Harry L. Knipp, M.D. DEGREE
23D. ADDRESS: 4116 Edmondson Avenue, Baltimore, Md. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-14-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard
ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

NOT A MEDICAL EXAMINERS CASE PER DR. SPITZ
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. B-620 70 9049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9049

1. NAME OF DECEASED (Type or Print): BROOKS, Roy Eugene

2. DATE AND HOUR OF DEATH: 9-10-70 4:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 23 Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto Co. 53-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 316 Lorraine Avenue

5. SEX: Male
6. RACE: Caucasian
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4-19-25
9. AGE (In years last birthday): 45
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker
10B. KIND OF BUSINESS OR INDUSTRY: WILLIAMS CONS. CO.
11. BIRTHPLACE (State or foreign country): Westernport, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Carl Brooks
14. MOTHER'S MAIDEN NAME: Violet Door DARR

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 10-5-50 to 5-15-51
16. SOCIAL SECURITY NO.: 217-18-33-00
17. INFORMANT: VA Hospital Records
ADDRESS: Baltimore, Maryland 21218

MEDICAL CERTIFICATION

18. 162.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary embolus — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hours
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Carcinoma of lung — 1 week
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 9/10/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma of right lung
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that XX (this hospital) attended the deceased from August 25, 19 70 to September 10, 19 70 that XX (we) last saw the deceased alive on September 10, 19 70 and that in XX (our) opinion death occurred on the date and hour and from the causes stated above. XX (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Donald H. Hooker DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/11/70
23C. PHYSICIAN'S NAME (Type): DONALD H. HOOKER, M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/14/70
24C. NAME of CEMETERY or CREMATORY: OAK LAWN
24D. LOCATION (City, town, or county) (State): EASTERN AVE. BALTO, MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Fa[illegible], M.D.
25C. FUNERAL DIRECTOR: Connally Funeral Home
ADDRESS: 300 Mace Ave, 21

VS 150-REV. 1/1/68

W-234 70 9050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. [redacted] 70 9050

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Louise Wuestland

2. DATE AND HOUR OF DEATH: 9-10-70 7:10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Harborview Nursing Convalescent Center

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Balto Co 53-00

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 1454 Kent Road

5. SEX: Female

6. RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3-29-1904

9. AGE (In years last birthday): 66

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Wuestland

14. MOTHER'S MAIDEN NAME: Dora King

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-07-3671

17. INFORMANT: Mrs Dorothy Bregel ADDRESS: 1453 Sussex Rd. 21

MEDICAL CERTIFICATION

18. 492X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary Emphysema — years.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Anemia, Osteoporosis

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gerald V. Patricio DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/10/70.

23C. PHYSICIAN'S NAME (Type): GERCITO Y. PATRICIO DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9/14/70

24C. NAME of CEMETERY or CREMATORY: St. Matthews

24D. LOCATION (City, town, or county) (State): O'Donnell St. Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.

25C. FUNERAL DIRECTOR: Cassidy Funeral Home ADDRESS: 300 Moca Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-632 70 9051

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 9051

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): WILLIAM C. BURDEAUX, SR.

2. DATE OF DEATH: Known ☒ Estimated ☐ Month 9 Day 8 Year 1970 Hour 10:08 P.M.

3. DATE PRONOUNCED DEAD: Month Day Year September 8, 1970 Hour 10:08 PM.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTO. GENERAL HOSPITAL

43

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 26-36

6. SEX: Male

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore 21224

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Oct. 5, 1907

10. AGE (In years last birthday): 62

If Under 1 Yr. or Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1110 Steelton Avenue

11. BIRTHPLACE (State or foreign country): ALABAMA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM C. BURDEAUS

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ACCOUNTANT

14B. KIND OF BUSINESS OR INDUSTRY: FOOD INDUSTRY

15. MOTHER'S MAIDEN NAME: LOLA THIGPEN

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 407-10-9190

18. INFORMANT: ADDIE R. BURDEAUX — ADDRESS: SAME — WIFE

MEDICAL CERTIFICATION

19. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 20

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9/9/70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-12-70

24C. NAME of CEMETERY or CREMATORY: GRDNS. FAITH

24D. LOCATION (City, town, or county) (State): BALTO. CO., MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: W. Lincoln Bradley

ADDRESS: Parkville, Md

VS 151-REV. 7/1/68

C-160 70 9052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9052

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BAKER ROSE COPPER

2. DATE AND HOUR OF DEATH: 9-7-70 12:40 a.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 HOUSE IN PINES (BELAIR Rd)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 21224 26-05
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 835 S. PONCA ST.

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-4-1891
9. AGE (In years last birthday): 78
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH BAKER
14. MOTHER'S MAIDEN NAME: (?)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 215-10-3768
17. INFORMANT: B HOWARD F. COPPER ADDRESS: RT. 1 BOX 112 J PASADENA, Md 21122

CAUSE OF DEATH

18. 437.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Cerebrovascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cerebrovascular Disease — years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Insomnia, Chronic Dehydration, Cerebral Congestion

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1/31/1970 to 9/7/1970 that (I) (~~we~~) last saw the deceased alive on 9/5/1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Albert B Bradley DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/8/70
23C. PHYSICIAN'S NAME (Type): ALBERT B. BRADLEY, M.D. DEGREE
23D. ADDRESS: 4900 Belair Road Balto., Md. 21206

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 7-9-70
24C. NAME of CEMETERY or CREMATORY: GRDNS. FAITH.
24D. LOCATION (City, town, or county) (State): BALTO. CO. MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Hartley, M.D.
25C. FUNERAL DIRECTOR: C. Brooks Bradley, Baltimore, Md ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-623 70 9053 REG. NO. 70 9053

1. NAME OF DECEASED (Type or Print): GIRO CHRISTELLO

2. DATE AND HOUR OF DEATH: 9-6-1970 7:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: BALTIMORE C 21224
C. CITY OR TOWN: DUNDALK D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 6526 PARNELL AVE

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 8-7-1887 9. AGE (In years last birthday): 83 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STEEL WORKER
10B. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.
11. BIRTHPLACE (State or foreign country): ITALY
12. CITIZEN OF WHAT COUNTRY? (?)

13. FATHER'S NAME: (?)
14. MOTHER'S MAIDEN NAME: (?)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-09-1156
17. INFORMANT: DOMINICK CHRISTELLO ADDRESS: 1902 MADISON Rd DUNDALK

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 491X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC FAILURE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Chronic Bronchitis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Emphysema

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Aug 1970 to Sept 1970, that (I) (~~we~~) last saw the deceased alive on Sep 1 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Marcos Levin MD DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-8-1970
23C. PHYSICIAN'S NAME (Type): MARCOS LEVIN MD DEGREE
23D. ADDRESS: 201 WISE AVE. DUNDALK, Md 21222

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-10-70
24C. NAME of CEMETERY or CREMATORY: ST. STANISLAUS
24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Lubey M.D.
25C. FUNERAL DIRECTOR: Mr. Beverly Bradley, Hendelph, Md ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

57-11-78 dj

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-160 70 9054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9054

1. NAME OF DECEASED (Type or Print): Shaffer, Judith A.

2. DATE AND HOUR OF DEATH: September 10, 1970 11:55 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 53-00
C. CITY OR TOWN: Dundalk D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2616 West Woodwell Road 21222

5. SEX: Female 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2-23-40 9. AGE (In years last birthday): 30 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Thomas
14. MOTHER'S MAIDEN NAME: Katherine Matthey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 232-60-1929
17. INFORMANT: 4940 Eastern Avenue ADDRESS: BCH: Records Baltimore, Maryland 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 340 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: Irreversible Shock	4 hours
	DUE TO, OR AS A CONSEQUENCE OF: Hypothermia	
(B)	Operative hemorrhage + Blood	22 hours
	DUE TO, OR AS A CONSEQUENCE OF: DIATHESIS	
(C)	Multiple Sclerosis	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/9/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Elective
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/4 19 70 to 9/10 19 70 that (I) (we) last saw the deceased alive on 9/10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Arnold Kwart MD DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: September 10, 1970
23C. PHYSICIAN'S NAME (Type): Arnold Kwart M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/13/70
24C. NAME of CEMETERY or CREMATORY: Odd Fellows Cemetery
24D. LOCATION (City, town, or county) (State): Salem, West Virginia

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

B-520 70 9055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9055

BIRTH NO.

1. NAME OF DECEASED (Type or Print): BIENIEK THOMAS

2. DATE AND HOUR OF DEATH: 9-10-70 5:53 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL CATON & WILKENS AVE BALTO. 21229 MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDEL 52-08
C. CITY OR TOWN: LINTHICUM
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: 319 N. HAMMONDS FERRY RD.

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12-5-02
9. AGE (In years last birthday): 67
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemist
10B. KIND OF BUSINESS OR INDUSTRY: Chemical
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ludwig Bieniek
14. MOTHER'S MAIDEN NAME: ? ? Stopka

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-26-6280
17. INFORMANT: Maria Bieniek ADDRESS: As Above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ≅ 30 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hemorrhage, acute from
DUE TO, OR AS A CONSEQUENCE OF:
(C) Carcinoma of bladder 1 yr.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to ____ 19__ that (I) (we) last saw the deceased alive on ____ 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Perfecto C. Valarao M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9-10-70
23C. PHYSICIAN'S NAME (Type): PERFECTO VALARAO DEGREE
23D. ADDRESS: ST. AGNES

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/14/70
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): ~~Howard~~ Dorsey Howard Cty. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Raymond C. Fink ADDRESS: Glen Burnie, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-620 70 9056

REG. NO. 70 9056

1. NAME OF DECEASED (Type or Print): MILDRED MYERS M.

2. DATE AND HOUR OF DEATH: 9/9/70 10:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: Balto Co 53-00
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 5930 Prince George St.

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3/6/02
9. AGE (In years last birthday): 68
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WALTER HAMILTON
14. MOTHER'S MAIDEN NAME: ANNA SCHAEFER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 4/118 2421
17. INFORMANT: LOCUST AVE. 21227 ADDRESS: 1213 LOCUST AVE. 21227 MD.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CVA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: UNDETERMINED

DUE TO, OR AS A CONSEQUENCE OF:

(B) DIABETES MELLITUS & HYPER — MONTHS

DUE TO, OR AS A CONSEQUENCE OF:

(C) THYROIDISM

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/17 1970 to 9/9 1970 that (I) (we) last saw the deceased alive on 9/9/70 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Wilma Maniago M. D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/9/70
23C. PHYSICIAN'S NAME (Type): WILMA B. MANIAGO DEGREE
23D. ADDRESS: CHH

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 12, 1970
24C. NAME of CEMETERY or CREMATORY: Balto. Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Forbes
25C. FUNERAL DIRECTOR: G. Truman Schwab ADDRESS: 5151 Balto. National Pike

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

57-31-80 sab 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-335 70 9057

REG. NO. 70 9056

1. NAME OF DECEASED (Type or Print): Slaton, Carl P.

2. DATE AND HOUR OF DEATH: Sept. 7, 1970 06:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Prince George 66-00
C. CITY OR TOWN: Camp Springs
D. INSIDE CITY LIMITS? YES [x] NO [ ]
E. STREET AND NUMBER: 5207 Rayburn Drive 20031

5. SEX: Male
6. RACE: White
7. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-26-20
9. AGE (In years last birthday): 50
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Production Specialist
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse
14. MOTHER'S MAIDEN NAME: Mary

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records: BCH-4940 Eastern Avenue
ADDRESS: 21224

MEDICAL CERTIFICATION

18. 204.01

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest — Acute
DUE TO, OR AS A CONSEQUENCE OF:
(B) Acute Renal Failure — 72 hrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Acute Lymphatic Leukemia — 3 months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from July 28 1970 to Sept. 5 1970, that ~~I~~ (we) last saw the deceased alive on Sept. 5 1970 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Francisco Tejada, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [x]
23B. DATE SIGNED: Sept. 7-1970

23C. PHYSICIAN'S NAME (Type): Francisco Tejada DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/10/70
24C. NAME of CEMETERY or CREMATORY: Resurrection Cemetary
24D. LOCATION (City, town, or county) (State): Clinton, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Tabez, M.D.
25C. FUNERAL DIRECTOR: Robt. E. Wilhelm Fnrl Home
ADDRESS: 4308 Suitland Rd. Suitland Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-100 70 9058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9058

1. NAME OF DECEASED (Type or Print): Mathilda I. Maffei

2. DATE AND HOUR OF DEATH: September 7, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore Co 53-00
C. CITY OR TOWN: Dundalk D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 63 Del Rio Road

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-1-23
9. AGE (In years last birthday): 47
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Julius Lagyak
14. MOTHER'S MAIDEN NAME: Irene Szalia

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-20-3858
17. INFORMANT (Husband) Mr. Albin A. Maffei ADDRESS 63 Del Rio Road Dundalk, Maryland 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.0

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Massive Coronary — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertension - Obesity — 12 yrs.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____ that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Leopoldo Gruss DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/10/70
23C. PHYSICIAN'S NAME (Type): Leopoldo Gruss M.D. DEGREE
23D. ADDRESS: 405 Stemmers Run Road Essex, Maryland 21221

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-11-70
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970 Robert
25B. NAME OF REGISTRAR: E. Faber, M.D.
25C. FUNERAL DIRECTOR: John J. Duda ADDRESS 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

BIRTH NO. F-652 70 9059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9059

1. NAME OF DECEASED (Type or Print): Emma Franklin

2. DATE AND HOUR OF DEATH: 9-10-70 | 9:25 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 1514 Division Street Baltimore, Maryland

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 16-02

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1121 Whatcoat Street

5. SEX: Female

6. RACE: Black

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 6-6-80

9. AGE (In years last birthday): 90

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Miss Christine Brown (Granddaughter)

ADDRESS: 2309 Elsinore

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gram Negative Septicemia

DUE TO, OR AS A CONSEQUENCE OF:

(B) Decubitus Ulcer, buttocks

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Arteriosclerotic Heart Disease & congestive failure

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): None

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-10-70 19 to 9-10-70 19 that (I) (we) last saw the deceased alive on 9-10-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Aurora C. Tan, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9-11-70

23C. PHYSICIAN'S NAME (Type): AURORA C. TAN, M.D. DEGREE

23D. ADDRESS: 1514 Division Street Baltimore, Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-15-70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

25C. FUNERAL DIRECTOR: Nelson F. V. Bailey

ADDRESS: 1348 Calhoun Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. H-200 70 9060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9060

1. NAME OF DECEASED (Type or Print): Helen Hicks

2. DATE AND HOUR OF DEATH: 9-11-70 | M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 16-02

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 833 N. Gilmor St.

5. SEX: Female

6. RACE: Negroid

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5-24-04

9. AGE (In years last birthday): 66

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212322423

17. INFORMANT: Elmer Bailey

ADDRESS: 833 N. Gilmor St.

MEDICAL CERTIFICATION

18. 4/12.31

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Coronary Heart Disease

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2/10/70 1960 to Recent 19 that (I) (we) last saw the deceased alive on 2/20 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William M Garner M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/14/70

23C. PHYSICIAN'S NAME (Type): WM GARNER DEGREE

23D. ADDRESS: 1005 W Lafayette ave

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-16-70

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: Kelson F. H. V. Bailey

ADDRESS: 1348 N. Calhoun St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-365 70 9061

REG. NO. 70 9061

1. NAME OF DECEASED (Type or Print): STRAND, Queen

2. DATE AND HOUR OF DEATH: Sept. 11, 1970 7:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing & Convalescent Ctr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 16-02

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 817 N. Calhoun Street

5. SEX: F

6. RACE: N

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 10-1-06

9. AGE (In years last birthday): 64

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Claggett

14. MOTHER'S MAIDEN NAME: Amelia Campbell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-24-7754

17. INFORMANT: Estella Patterson

ADDRESS: 1706 E. Lafayette

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Hemiplegia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6/10/70

DUE TO, OR AS A CONSEQUENCE OF:

(B) Hypertensive C.V. disease — years

DUE TO, OR AS A CONSEQUENCE OF:

(C) arteriosclerosis gen — years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/7 19 70 to 9/11 19 70, that (I) (we) last saw the deceased alive on 9/11 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]

23B. DATE SIGNED: 9/11/70

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE

23D. ADDRESS: 2 E. Read St Balt Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-14-70

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR: V. Bailey Keelson F.H.

ADDRESS: 1348 N. Calhoun St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-000

H-000 70 9062

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9062

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Gong Soo Hoo

2. DATE OF DEATH — Known [X] Estimated [ ] — Month / Day / Year / Hour: M.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 7 Year: 70 Hour: 9:25 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5206 Reisterstown Rd.

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 28-31
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5206 Reisterstown Rd.

6. SEX: male
7. RACE: yellow
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 2/2/1898
10. AGE (In years last birthday): 72
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

11. BIRTHPLACE (State or foreign country): China
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Hong Soo Hoo

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY: Restaurant
15. MOTHER'S MAIDEN NAME: Chin Shee

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 220-42-7765A
18. INFORMANT: Son W. Joseph Soo Hoo — ADDRESS: 3210 Arch Street Phila. Pa. 19104

MEDICAL CERTIFICATION

19. E953 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Hanging
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 5206 Reisterstown Road 28-31

22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) ? (Year) 70 (Hour) ? m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Hanged self

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [X] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 9/7/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/11/70
24C. NAME of CEMETERY or CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Woodlawn, Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: [signature] M.D.
25C. FUNERAL DIRECTOR: STEWART & MOWEN CO. — ADDRESS: 108 W. North Av. (1

VS 151-REV. 1/1/68

N994.7

Letter from M.E.'s office 9-23-70 M.H.

P-620 70 9063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9063

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GRACE A PEARCE

2. DATE AND HOUR OF DEATH: Sept 6 1970 | 10:00 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Ardleigh Nursing Home 2095 Rockrose Ave

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 13-07
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 917 W 38th St

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Sept 29 1887
9. AGE (In years last birthday): 82
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress / Fitter
10B. KIND OF BUSINESS OR INDUSTRY: Retail Womens Wear
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Pearce
14. MOTHER'S MAIDEN NAME: Sarah Barnes

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: 212074254
17. INFORMANT: Doris M Cromwell
ADDRESS: 911 W 38th St

MEDICAL CERTIFICATION

18. 4124 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Arteriosclerotic cardio-	7 yrs.
DUE TO, OR AS A CONSEQUENCE OF:	vascular disease	
(B)	Hypertrophic arthritis	4 yrs.
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from August 1968 to September 9, 1970, that (I) (~~we~~) last saw the deceased alive on September 1, 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lloyd E. Saylor MD. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Sept. 10, 1970
23C. PHYSICIAN'S NAME (Type): Lloyd E. Saylor, M. D. DEGREE
23D. ADDRESS: 3902 Greenmount Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-10-70
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cem
24D. LOCATION (City, town, or county) (State): Pikesville Balto Co Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Burger Funeral Home
ADDRESS: Balto Md
By Duval Thomas Jr

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

F-230 70 9064

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9064

1. NAME OF DECEASED (Type or Print): Odean Fossett (Ellien)

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 7 Year 70 Hour 7:25 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-08
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 908 Allendale St.

6. SEX: male

7. RACE: colored

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: 8-17-1903

10. AGE (In years last birthday): 67
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Alexander, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Evans

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Margaret Seth

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 081-01-6688

18. INFORMANT: Barbara Beasley ADDRESS: 907 Allendale St

MEDICAL CERTIFICATION

CAUSE OF DEATH

19. I 412.4
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23.
I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 9/7/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/11/70

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Pk

24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT. SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Arlington S. Phillips ADDRESS: 1727 N. Monroe St

VS 151-REV. 7/1/68

1 9 7 0 0 0 0 8 0 4 9

1

B-655 70 9065

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9065

1. NAME OF DECEASED (Type or Print): Jerry Brown Sr.

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 7 Year 70 Hour 11:50p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital

CERTIFICATE AMENDED 11/5/70

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15-06
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1602 Poplar Grove St.

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 7/4/1899
10. AGE (In years last birthday): 71 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jerry Brown Sr.
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Beneth Robinson
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 220-07-5683
18. INFORMANT: Maggie Brown Wife ADDRESS: Same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Arteriosclerotic cardiovascular disease
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4/12/4

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED 9/8/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/11/70
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Arlington A. Phillips ADDRESS: 1727 N. Monroe St.

VS 151-REV. 1/1/68

19700 18050

Marriage cert.of Jerry Brown & Maggie Kellam--married in Balto.City 10/8/62

W-2521

70 9066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9066

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MADELINE WASHINGTON Madalene

2. DATE AND HOUR OF DEATH: 9/9/70 | 10:57 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 9-04
C. CITY OR TOWN: PALTO.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: NW BOONE ST. 2108

5. SEX: F
6. RACE: Col
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4/29/11
9. AGE (In years last birthday): 59
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN JOHNSON
14. MOTHER'S MAIDEN NAME: Sarah Mannly.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Record. ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

1B. 193 X

(A) IMMEDIATE CAUSE: Metastatic CA of the spoid — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: months

DUE TO, OR AS A CONSEQUENCE OF:

(B) to left lung & left shoulder

DUE TO, OR AS A CONSEQUENCE OF:

(C) Acute pulmonary edema — Days

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/7/70 19 to 9/9 19 70 that (I) (we) last saw the deceased alive on 9/9 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Wilma Maniago, M. D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/9/70
23C. PHYSICIAN'S NAME (Type): WILMA B. MANIAGO M.D. DEGREE
23D. ADDRESS: CHH

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-12-70
24C. NAME of CEMETERY or CREMATORY: Arlington Memorial Park
24D. LOCATION (City, town, or county) (State): Balto Co. Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Vaiben, M.D.
25C. FUNERAL DIRECTOR
ADDRESS

1970 0 0 0 8 0 5 1

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-2421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 9067 REG. NO. 70 9067

1. NAME OF DECEASED (Type or Print) Anne M. Wocelus
WOCELUS, ANNE M.

2. DATE AND HOUR OF DEATH 9-11-70 5:10 AM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
48 Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 27-33
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ** NO
E. STREET AND NUMBER 2601 Goodwood Road

5. SEX F
6. RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ** DIVORCED ☐
8. DATE OF BIRTH 7-18-1887
9. AGE (In years last birthday) 83
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10B. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Yuskevetch
14. MOTHER'S MAIDEN NAME Frances Polubinsks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-09-0441D
17. INFORMANT Miss Frances Wolcelus
ADDRESS Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Pneumonia x Atelectasis of Lung
DUE TO, OR AS A CONSEQUENCE OF:
(B) Squamous Cell Carcinoma of the Uterus
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 8/17/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Hair
20A. AUTOPSY? (Yes or No) No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 11, 1970 to 5:10 AM 9/11 1970 that (I) (we) last saw the deceased alive on 5:10 AM 9/11 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Tony A. Chung MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED 9/11/70
23C. PHYSICIAN'S NAME (Type) Dr. Mansfeld / Dr. Cotter DEGREE
23D. ADDRESS Maryland Gen. Hospital

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 9-14-70
24C. NAME of CEMETERY or CREMATORY Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) Baltimore, (State) Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 14 1970
25B. NAME OF REGISTRAR Robert E. Fisher, M.D.
25C. FUNERAL DIRECTOR H. W. Jenkins & Sons Co.
ADDRESS 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-4321

70 9068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9068

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Helen Rhodes Goldsborough

2. DATE AND HOUR OF DEATH: 9-13-70 10 20 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Long Green Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 12-01

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3900 N. Charles St.

5. SEX: F 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 2/24/1896 9. AGE (In years last birthday): 74 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Chapel, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel T. Rhodes

14. MOTHER'S MAIDEN NAME: Theresa V. Boyle

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Charles R. Goldsborough, Jr. ADDRESS: 3940 Cloverhill Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cerebral vascular accident	6 weeks
DUE TO, OR AS A CONSEQUENCE OF: (B)	Arteriosclerotic cardiovascular disease	2 years
DUE TO, OR AS A CONSEQUENCE OF: (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).	Hypertrophy	16 yrs

19A. DATE OF OPERATION: None 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: None

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from November 1964 to Sept 13 1970 that (I) (~~we~~) last saw the deceased alive on Sept 4 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Vincent DeP Fitzpatrick MD DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-14-70

23C. PHYSICIAN'S NAME (Type): Vincent DeP Fitzpatrick, M.D. DEGREE

23D. ADDRESS: 120 St. Paul St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/16/70

24C. NAME of CEMETERY or CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Rd Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

EGH
R-453 1

BIRTH NO. 70 9069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9069

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ROWLAND, CHAUNCEY WILLIAM

2. DATE AND HOUR OF DEATH: 09-13-70 3:45A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL
40 WILKENS & CATON AVENUES
BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ARIZONA
B. COUNTY: 85281 V-02
C. CITY OR TOWN: TEMPE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 616 EAST LAGUNA

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 02-25-88
9. AGE (In years last birthday): 82
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN - RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: NATIONAL TRANSPORT CO.
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN A. ROWLAND
14. MOTHER'S MAIDEN NAME: CATHERINE BRUNER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): 1ST WORLD WAR
16. SOCIAL SECURITY NO.: 177075379
17. INFORMANT: BALTO; MD. 21229 ADDRESS: ST. AGNES HOSP; WILKENS & CATON AVENUES

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute MI, Pulm. embolism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: Perforated duodenal ulcer
(B) ASCVD.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from SEPTEMBER 6 1970 to SEPTEMBER 13, 1970 that I (we) last saw the deceased alive on SEPTEMBER 13, 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ching Hui Tsai — DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/13/70
23C. PHYSICIAN'S NAME (Type): Ching-Hui Tsai, M.D. — DEGREE
23D. ADDRESS: ~~WILKENS AND CATON AVES. BALTO~~ St Agnes Hosp. MD 21229

24A. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): BURIAL
24B. DATE: 9/16/70
24C. NAME of CEMETERY ~~or CREMATORY~~: NEW REBANON
24D. LOCATION (City, town, or county) (State): MERCER CO. PENNA.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Wm. E. Walker, M.D.
25C. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. ADDRESS: 4905 YORK ROAD BALTIMORE, MD

VS 150-REV. 1/1/68

1

70 9070

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. S-536

REG. NO. 70 9070

39/99

1. NAME OF DECEASED (Type or Print) DELA DELLA SAUNDERS	2. DATE OF DEATH Known ☒ Estimated ☐ Month Sept. Day 9, Year 1970 Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital (DOA)	3. DATE PRONOUNCED DEAD Month Sept. Day 9, Year 1970 Hour 10:25 PM.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 14-02
6. SEX Female 7. RACE Negro 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH 12-4-35 10. AGE (In years last birthday) 34 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.	E. STREET AND NUMBER 1416 Brunt St.
11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME William S. Johnson
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME Evelyn Janey
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT Mrs. Evelyn Johnson ADDRESS 4010 Oakford Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Pulmonary tuberculosis

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Charles S. Springate M.D.

EXAMINER'S NAME (Type) Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 9-10-70

24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/15/70	24C. NAME of CEMETERY or CREMATORY Balto National Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
25A. DATE REC'D BY HEALTH DEPT. SEP 14 1970	25B. NAME OF REGISTRAR Robert E. Turbey, M.D.	25C. FUNERAL DIRECTOR Wm C March	ADDRESS 928 E. North Ave.

VS 151-REV. 7/1/68

1970 0 0 0 0 8 0 5 5

Letter from M.E.'s office 10-20-70 M.H.

H-6251

BIRTH NO. 64-07352 70 9071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9071

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): KEVIN HARRISON

2. DATE AND HOUR OF DEATH: 9-12-70 2.20 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: BALTIMORE CITY
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2733 TIVOLY AVENUE 9-06

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-31-64
9. AGE (In years last birthday): 6
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NATHANIEL HARRISON
14. MOTHER'S MAIDEN NAME: JEANETTE RADCLIFFE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: JEANETTE R. HARRISON ADDRESS: 2733 TIVOLY AVE.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 493X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Asthma - acute attack — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 17 hours
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: NONE
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): /
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 7 pm 9/11 19 70 to 2:20am 9/12 19 70 that (I) (we) last saw the deceased alive on 9/12 9/12 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Leslie Plotnick M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/12/70
23C. PHYSICIAN'S NAME (Type): LESLIE PLOTNICK DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-16-70
24C. NAME of CEMETERY or CREMATORY: ARBUTUS MEMORIAL PARK
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: MARY-ELIZABETH LAW ADDRESS: 802 MADISON AVE.

8056

VS 150-REV. 1/1/68

G-652

BIRTH NO. 70-16345 70 9072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9072

1. NAME OF DECEASED (Type or Print): Baby Boy Greenstreet

2. DATE AND HOUR OF DEATH: Sept. 9, 1970 12:35 PM | 12:35 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 26-43

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3902 DUDLEY AVE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-9-70

9. AGE (In years last birthday): If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours: 11 Min.: 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN GREENSTREET

14. MOTHER'S MAIDEN NAME: NANCY ROMAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: extreme immaturity — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 11½ hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) 25 week gestation

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): ~~9 9 70 12:35 PM~~

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/9 1:02 AM 19 70 to 9/9 12:35 PM 19 70 that (I) (we) last saw the deceased alive on 9/9 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gail Shapiro DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/9/70

23C. PHYSICIAN'S NAME (Type): GAIL SHAPIRO DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation

24B. DATE: 9/10/70

24C. NAME of CEMETERY or CREMATORY: Johns Hopkins Hospital

24D. LOCATION (City, town, or county) (State): 601 N Broadway Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. F-160 70 9073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9073

1. NAME OF DECEASED (Type or Print): MRS. Rita S. Lepper

2. DATE AND HOUR OF DEATH: Sept. 4, 1970 | 9:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secour Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 28-54

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4403 Dunland Road Apt A

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 11-21-87

9. AGE (In years last birthday): 82

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 215-34-1227

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Heart rate stop. — 9.40 - 9.45

DUE TO, OR AS A CONSEQUENCE OF:

(B) Respiration stop

DUE TO, OR AS A CONSEQUENCE OF:

(C) terminal Case of Cardiovascular accident.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-22-70 19 ___ to 9-4-70 19 ___ that (I) (we) last saw the deceased alive on 9-4-70 19 ___ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jantra Voraraksa M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ] Intern

23B. DATE SIGNED: 9-4-70

23C. PHYSICIAN'S NAME (Type): JANTRA VORARAKSA DEGREE

23D. ADDRESS: BOARD OF SECURITY [illegible] MARYLAND

ANATOMY BOARD OF MARYLAND

24A. BURIAL, CREMATION, REMOVAL (Specify):

24B. DATE: 9-16-70

24C. NAME of CEMETERY or CREMATORY:

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-236 70 9074 HARM

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9074

1. NAME OF DECEASED (Type or Print): Harm K. Westra

2. DATE AND HOUR OF DEATH: 8/31/70 9:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY: 4511 Wilmslow Rd 27-14
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: Maryland Baltimore

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/18/13
9. AGE (In years last birthday): 57 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman-gas
10B. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (State or foreign country): Holland
12. CITIZEN OF WHAT COUNTRY? US ?
13. FATHER'S NAME: Peter Westra
14. MOTHER'S MAIDEN NAME: Sanitje
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ?
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Grant — ADDRESS: U. Md. Hosp.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia
DUE TO, OR AS A CONSEQUENCE OF: tumor infiltrate in brain
(B) Medulloblastoma cell
DUE TO, OR AS A CONSEQUENCE OF:
(C) Sarcoma

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: None
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/29 1970 to 8/31 1970 that (I) (we) last saw the deceased alive on 8/31 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Richard A. Cash
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8/31/70
23C. PHYSICIAN'S NAME (Type): Richard A. Cash MD DEGREE
23D. ADDRESS: University Hospital

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

24A. BURIAL, CREMATION, REMOVAL (Specify): 9-10-70
24B. DATE
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS

VS 150-REV. 1/1/68

M-243 70 9075

BIRTH NO. 70-20141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9075

1. NAME OF DECEASED (Type or Print): BABY GIRL MC CLOUD

2. DATE AND HOUR OF DEATH: AUG 29 1970 5 25 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 20-04
C. CITY OR TOWN: Balt 21223
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 31 S. Calverton St.

5. SEX: F

6. RACE: B C

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Aug 29 1970

9. AGE (In years last birthday): 7 hr

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours: 1 | Min.: 16

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): USA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Austen Jr

14. MOTHER'S MAIDEN NAME: BARBARA MC CLOUD

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: IMMATURITY

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): 0

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 29 1970 to Aug 29 1970 that (I) (we) last saw the deceased alive on Aug 29 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alan Waldman MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 8/29/70

23C. PHYSICIAN'S NAME (Type): WALDMAN MD DEGREE

23D. ADDRESS: 4 [illegible]

ANATOMY BOARD OF MARYLAND

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 9-10-70

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.

25C. FUNERAL DIRECTOR: 8

ADDRESS: MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. B-660 70 9076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9076

1. NAME OF DECEASED (Type or Print): WILLIAM E. BREWER.

2. DATE AND HOUR OF DEATH: SEPT 9, 1970 | 5:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 ARDLEIGH NURSING HOME,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 12-06
C. CITY OR TOWN: BALTO
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2738 MARYLAND AVE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-25-91
9. AGE (In years last birthday): 79
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELEV. OPERATOR
10B. KIND OF BUSINESS OR INDUSTRY: APT HOUSE
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 218-14-6401
17. INFORMANT: ADA M. HAMMOND
ADDRESS: 2738 MD AVE.

CAUSE OF DEATH

18. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Arteriosclerotic cardio- — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.
DUE TO, OR AS A CONSEQUENCE OF: vascular disease

(B) Pulmonary emphysema — 10 yrs.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from June 30 1968 to September 9, 1970, that (I) (~~we~~) last saw the deceased alive on September 8, 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Lloyd E. Saylor DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Sept. 11, 1970
23C. PHYSICIAN'S NAME (Type): Lloyd E. Saylor, M. D. DEGREE
23D. ADDRESS: 3902 Greenmount Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-12-70
24C. NAME of CEMETERY or CREMATORY: MT Y'S CHAPEL
24D. LOCATION (City, town, or county) (State): BALTO CO

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Jaubert, M.D.
25C. FUNERAL DIRECTOR: Paul C. Chilcoat Jr.
ADDRESS: 3615 Chestnut Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-600 70 9077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9077

BIRTH NO.

1. NAME OF DECEASED (Type or Print): NORMAN D MOORE

2. DATE AND HOUR OF DEATH: 9/11/70 | 2-15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: CHURCH HOME & HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE MD 21231

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 6-01
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 11 W. LINWOOD AVE 21224

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 1/19/21
9. AGE (In years last birthday): 49
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED
10B. KIND OF BUSINESS OR INDUSTRY: Milk man, Clover and Dairy
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JAMES MOORE
14. MOTHER'S MAIDEN NAME: LOUISE BERLOCK
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-01-9211
17. INFORMANT: NURSE I/C SPECIAL CARE UNIT
ADDRESS: CHURCH HOME & HOSP BALTO MD 21231

MEDICAL CERTIFICATION

18. 162.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: GRAM NEGATIVE SEPTICEMIA
DUE TO, OR AS A CONSEQUENCE OF:
(B) CARCINOMA LUNG WITH
DUE TO, OR AS A CONSEQUENCE OF: EXTENSION TO CHEST WALL
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
BL

19A. DATE OF OPERATION: 9/3/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CA LUNG (RT LUNG)
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8/8/ 1970 to 9/11/ 1970 that (I) (~~we~~) last saw the deceased alive on 9/10/ 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: A Mehta DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/11/70
23C. PHYSICIAN'S NAME (Type): A. MEHTA. DEGREE
23D. ADDRESS: C/O CHURCH HOME & HOSP BALTIMORE MD 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/14/70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Jeffery M.D.
25C. FUNERAL DIRECTOR: John A. Moran, Inc.
ADDRESS: 3000 E. Baltimore St

VS 1504 REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-623 70 9078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9078

1. NAME OF DECEASED (Type or Print): BARKSDALE CLAUDES.

2. DATE AND HOUR OF DEATH: Sept. 6, 1970 3:45 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 25-44

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3604 Brooklyn Ave.

5. SEX: MALE 6. RACE: WHITE. 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10/27/08 9. AGE (In years last birthday): 61 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 10B. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Virginia 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Addie Barksdale

14. MOTHER'S MAIDEN NAME: Mary Glass

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213 14 9821

17. INFORMANT: Elsie Barksdale ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 189.0

(A) IMMEDIATE CAUSE: Cancer Rt. Kidney

DUE TO, OR AS A CONSEQUENCE OF:

(B) With Metastasis to Bones.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B. Nanavati DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/6/70.

23C. PHYSICIAN'S NAME (Type): DR. NANAVATI B. H. DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/9/70 24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial Pk. 24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 14 1970 25B. NAME OF REGISTRAR: Robert E. Talbert, M.D. 25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 7-600 70 9079

REG. NO. 70 9079

1. NAME OF DECEASED (Type or Print): FIORI, HENRY WILLIAM.

2. DATE AND HOUR OF DEATH: 9-8-70 2:23 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Balt. Gen. Hosp. 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 25-34

C. CITY OR TOWN: BALTO

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 407 Jack St

5. SEX: M

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7-8-03

9. AGE (In years last birthday): 65

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Contractor

10B. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): ARKANSAS

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Fiori

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Bernice R. Fiori

ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 592 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Renal Failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) Nephrolithiasis

DUE TO, OR AS A CONSEQUENCE OF:

(C) Parathyroid Adenoma

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/4/70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Parathyroids -

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-28-70 19 to 9-8-70 19, that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jose V. Iglesias M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 9-8-70

23C. PHYSICIAN'S NAME (Type): Jose V. Iglesias M.D. DEGREE

23D. ADDRESS: South Balt. Gen. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/11/70

24C. NAME of CEMETERY or CREMATORY: Holy Cross Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Tabb, M.D.

25C. FUNERAL DIRECTOR: George J. Gonce

ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

0008

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-324 70 9080

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9080

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Arthur L. Ridgelly (Ridgley)

2. DATE OF DEATH: Known ☐ Estimated ☑ Month 9 Day 10 Year 70 Hour 6 18 P.M.

3. DATE PRONOUNCED DEAD: Month 9 Day 10 Year 70 Hour 6 18 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4300 Fern Hill Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 28-41

6. SEX: M

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: 12-9-1914

10. AGE (Last birthday years): 55

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 4300 Fern Hill Ave

11. BIRTHPLACE (State or foreign country): Hanford Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Ridgley

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Vergie Gibson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO. (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Mrs. Cornelia S. Ridgley ADDRESS: 4300 Fernhill Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I 412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic
DUE TO, OR AS A CONSEQUENCE OF: Cardio vascular Disease.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): NO

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz M.D.

Deputy CHIEF MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9.11.70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-14-70

24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970

25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.

25C. FUNERAL DIRECTOR: Morton & Dyett F.H. ADDRESS: 1701 Laurens St.

VS 151-REV. 7/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9081

BIRTH NO. C-320 70 9081

1. NAME OF DECEASED (Type or Print): Pauline Cates

2. DATE AND HOUR OF DEATH: 9-12-70 1:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 4403 White Oak Av. Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-10
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4403 White Oak Av.

5. SEX: F
6. RACE: B
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/24/11
9. AGE (In years last birthday): 59
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Oscar Harris
14. MOTHER'S MAIDEN NAME: Lona Clay
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 246-58-9002
17. INFORMANT: Son (Lee Cates) ADDRESS: 3704 Belle Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 410.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — 10 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Heart dis. — unknown
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): None

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3/10 1969 to 9/12 1970, that (I) (we) last saw the deceased alive on 9/12 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: D. W. Stewart, MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/12/70
23C. PHYSICIAN'S NAME (Type): D. W. STEWART DEGREE
23D. ADDRESS: 2300 Garrison Blvd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-16-70
24C. NAME of CEMETERY or CREMATORY: Western Star Cem.
24D. LOCATION (City, town, or county) (State): Catonsville, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Mortenge Dyett F.H. ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 9082

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. F-422

REG. NO. 70 9082

1. NAME OF DECEASED (Type or Print): Herbert Fowlkes

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 11 Year 70 Hour 2:35 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 St. Agnes Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15-02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1703 N. Pulaski St.

6. SEX: male
7. RACE: colored
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 8-21-1917
10. AGE (In years last birthday): 53
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): Prince Rdward Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Waverly Fowlkes
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY: BETH-STEEL
15. MOTHER'S MAIDEN NAME: Alice Walden
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 227-07-1824
18. INFORMANT: Mrs. Mildred Fowlkes ADDRESS: 1703 N. Pulaski St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E 8120

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple Injuries
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Rte. 1 Elkridge 63-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9 11 70 2:00 a.m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? driver in auto-bus collision

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 9/11/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-14-70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 14 1970
25B. NAME OF REGISTRAR: Robert E. Lasher, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

N 869.0 70 0 0 9 0 8 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-200 70 9083

REG. NO. 70 9083

1. NAME OF DECEASED (Type or Print): LENA RUSSO

2. DATE AND HOUR OF DEATH: SEPT. 8th. 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 215 S. EXETER ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: BALTO. 3-02

C. CITY OR TOWN: BALTO.

D. INSIDE CITY LIMITS? YES [#] NO [ ]

E. STREET AND NUMBER: 215 S. EXETER ST.

5. SEX: F.

6. RACE: W.

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [#] DIVORCED [ ]

8. DATE OF BIRTH: DEC. 5th. 1885

9. AGE (In years last birthday): 85

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? ITALY

13. FATHER'S NAME: DOMINIC MAZZAGATTI

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: MRS. EVA DONDALSKI ADDRESS: 215 S. EXETER ST.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4.12.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: ARTERIOSCL. C.V. DIS. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCL. GENERALIZED — 10 YEARS.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 1960 19 to 9/8/70 19, that (I) ~~(we)~~ last saw the deceased alive on 9/8/70 19 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: Benj. B. Moses, MD DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/11/70

23C. PHYSICIAN'S NAME (Type): BENJ. B. MOSES, M.D. DEGREE

23D. ADDRESS: 448 N. LUZERNE AVE. BALTO. MD. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: SEPT. 12/70

24C. NAME of CEMETERY or CREMATORY: HOLY REDEEMER BELAIR RD

24D. LOCATION (City, town, or county) (State): BALTO. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Fuller, M.D.

25C. FUNERAL DIRECTOR: Frank Della Vose ADDRESS: 322 S. HIGH ST.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

G-652 70 . 9084

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 9084

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): RAIPh L. GROOMES

2. DATE AND HOUR OF DEATH: 9/10/70 | 3 50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BON Secours
34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Howard 63-00
C. CITY OR TOWN: Clarksville
D. INSIDE CITY LIMITS? YES ☐ NO ☑
E. STREET AND NUMBER: Rt. 108

5. SEX: M
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 05/01/36
9. AGE (In years last birthday): 34
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10B. KIND OF BUSINESS OR INDUSTRY: GIANT food co
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert GROOMES
14. MOTHER'S MAIDEN NAME: HOWARD, Nellie

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-34-1728
17. INFORMANT: Mrs RAIPH GROOMES
ADDRESS: RT 108 Clarksville Md 21029

MEDICAL CERTIFICATION

18. 7561 I 7291X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive embolus
DUE TO, OR AS A CONSEQUENCE OF: main pulmonary artery
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Discectomy L5 S1 - Laminectomy L5 + Spinal fusion L4-S1

19A. DATE OF OPERATION: 9-4-1970
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Herniated disc + Spondylosis
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): at work
21D. TIME OF INJURY (APPROX.) (Month) 8 (Day) ≈15th (Year) 1970 (Hour)
21E. INJURY OCCURRED While At Work ☒ Not While At Work ☐
21F. HOW DID INJURY OCCUR? hurt his back when he pulled a heavy object

22. I certify that (I) (this hospital) attended the deceased from 9-2 1970 to 9-10 1970 that (I) (we) last saw the deceased alive on 9-9 1970 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Alfred Wiedmann DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-10-1970
23C. PHYSICIAN'S NAME (Type): ALFRED WIEDMANN DEGREE
23D. ADDRESS: 715 PARK AVE - BALTIMORE Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-14-70
24C. NAME of CEMETERY or CREMATORY: Linthicum Chapel
24D. LOCATION (City, town, or county) (State): Clarksville, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Isabel E. Nader
25C. FUNERAL DIRECTOR: Hollinbottom-Slack
ADDRESS: Ellicott City, Md 21043

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-245 70 9085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9085

1. NAME OF DECEASED (Type or Print): GESSLING, CLARENCE DOMINICUS

2. DATE AND HOUR OF DEATH: SEPTEMBER 11, 1970 6:40A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL DATON & WILKENS AVE BALTO MD. 21229

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: HOWARD COUNTY 21043
C. CITY OR TOWN: ELLICOTT CITY
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 8647 D TOWNE & COUNTRY BLVD

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 04-01-97
9. AGE (In years last birthday): 73
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ART MANAGER
10B. KIND OF BUSINESS OR INDUSTRY: NEWSPAPER
11. BIRTHPLACE (State or foreign country): NEW YORK
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: GUSTAVIS GESSLING
14. MOTHER'S MAIDEN NAME: KATHERINE KNOLL
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: AVE BALTO MD. 21229 ST. AGNES RECORDS CATON & WILKENS
ADDRESS

MEDICAL CERTIFICATION

18. 427.3 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Asystoly
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Complete AV block
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 28 19 70 to SEPTEMBER 11 19 70 that (I) (we) last saw the deceased alive on SEPTEMBER 11 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ching Hui Tsai M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/11/70
23C. PHYSICIAN'S NAME (Type): CHING-HUI TSAI MD
Ching-Hui Tsai, M.D. DEGREE
23D. ADDRESS: St Agnes Hosp.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-14-70
24C. NAME of CEMETERY or CREMATORY: ST Raymonds CEM
24D. LOCATION (City, town, or county): W.Y.C. (State): NY

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Valley
25C. FUNERAL DIRECTOR: H. Gambetta-Slack
ADDRESS: Ellicott City Md.

VS 150-REV. 1/1/68

S-261

BIRTH NO. 70 9086

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 9086

1. NAME OF DECEASED (Type or Print): WILLIAM W. SEGRAVES

2. DATE AND HOUR OF DEATH: 9/10/70 12 NOON M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTO 25-41
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTO
D. STREET ADDRESS (If rural, give location): 4517 Cedar Garden Rd.

5. SEX: M
6. RACE: C
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED
8. DATE OF BIRTH: 10/23/20
9. AGE (In years last birthday): 49
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECURITY GUARD
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: B.C. SEGRAVES
14. MOTHER'S MAIDEN NAME: OLLIE WOODY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 11/20/1942 – 11/26/1943
16. SOCIAL SECURITY NO.: 245-14-0507
17. INFORMANT: CHARLES ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 532.21 + 011.9

(A) Perforated duodenal ulcer
DUE TO
(B) acute renal failure
DUE TO
(C) Sub phrenic abscess

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Old TBC (R) lung – chronic obstructive airway disease

19A. DATE OF OPERATION: 8/5/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: GI Bleeding
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/6 1970 to 9/10 1970, that (I) (we) last saw the deceased alive on 9/10 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/10/70
23C. PHYSICIAN'S NAME (Type) M.D.
23D. ADDRESS

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/14/70
24C. NAME of CEMETERY or CREMATORY: Woodlawn Cem.
24D. LOCATION (City, town, or county) (State): Woodlawn Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: [signature]
25C. FUNERAL DIRECTOR: E. S. MacNabb ADDRESS: 301 Frederick Rd

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-650 70 9087

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9087

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): THOMAS E. KIERAN

2. DATE AND HOUR OF DEATH: Sept. 13, 1970. 5.32 p. m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital-DOA

40 99

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore C. 53-00

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 6203 Frederick Road

5. SEX: Male 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: April 14, 1915 9. AGE (In years last birthday): 55 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Unknown~~ FACTORY WORKER

10B. KIND OF BUSINESS OR INDUSTRY: BAKERY

11. BIRTHPLACE (State or foreign country): ~~Unknown~~ PENNA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Kieran

14. MOTHER'S MAIDEN NAME: Mary Mullins

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): W W 2

16. SOCIAL SECURITY NO.: 197-07-3303

17. INFORMANT: Mr. Sid Carlitz ADDRESS: (Same)

MEDICAL CERTIFICATION

18. I 185X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: CARCINOMATOSIS. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 MOS.

DUE TO, OR AS A CONSEQUENCE OF:

(B) CARCINOMA - PROSTATE — 14 MO.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-17 1969 to 9-13 1970 that (I) (we) last saw the deceased alive on 8-15 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Norman R. Kleiman DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/18/70

23C. PHYSICIAN'S NAME (Type): NORMAN R. KLEIMAN DEGREE

23D. ADDRESS: 3803 EDMONDSON AVE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/18/70

24C. NAME of CEMETERY or CREMATORY: St. Johns Cemetery

24D. LOCATION (City, town, or county) (State): Pittstown, Penna.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md. 21214

1970 0 0 0 1 8 0 7 5

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. W-200 70 9088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9088

1. NAME OF DECEASED (Type or Print): MARY WEISS

2. DATE AND HOUR OF DEATH: Sept. 9, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2709 Westfield Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 27-47
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2709 Westfield Ave.

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 10, 1896
9. AGE (In years last birthday): 74
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teller
10B. KIND OF BUSINESS OR INDUSTRY: First Nat. Bank
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Adam Rahley
14. MOTHER'S MAIDEN NAME: Rosina Egerstorfer
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-05-8814
17. INFORMANT: Mr Raymond O. Weiss ADDRESS: 2000 Hillenwood Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Heart Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 years.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Apr. 15 1967 19 to Sept 9 19 70 that (I) (~~we~~) last saw the deceased alive on Sept 8 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/11/70
23C. PHYSICIAN'S NAME (Type): Dr. G.J. Sawyer DEGREE
23D. ADDRESS: 4808 Harford Rd., Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-12-70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc., ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

1

70 9089

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. H-626

REG. NO. 70 9089

1. NAME OF DECEASED (Type or Print): DOROTHY HARGROVE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month September Day 9 Year 1970 Hour 7:50 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 706 Ramsey Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 21-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 706 Ramsey Street

6. SEX: Female
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 7-15-16
10. AGE (In years last birthday): 54
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Baltimore-Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Harry Bushrod

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Mary Robinson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: John E. Hargrove ADDRESS: 706 Ramesy St

MEDICAL CERTIFICATION

19. 571.8 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Fatty Liver

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9/10/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-14-70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Ct
24D. LOCATION (City, town, or county) (State): Baltimore City

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: I.L. Brown & Son ADDRESS: 123 W. Montgomery St

VS 151-REV. 7/1/68

19700 8074

M-2501

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 9090 REG. NO. 70 9090

1. NAME OF DECEASED (Type or Print): Viola Mason

2. DATE AND HOUR OF DEATH: Sept. 11, 1970 | 12:10 AM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hosp. 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 18-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 107 N. Schroeder St. 21223

5. SEX: Female 6. RACE: Col. N 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [/]
8. DATE OF BIRTH: 3/10/02 9. AGE (In years last birthday): 68 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John H. Johnson.
14. MOTHER'S MAIDEN NAME: Bertha Adams
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-26-5305
17. INFORMANT: Joseph F. Mason. ADDRESS: Same.

MEDICAL CERTIFICATION

18. 410.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pneumonia — 6 days.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Coma — 7 days
DUE TO, OR AS A CONSEQUENCE OF:
(C) Cardiac ARRest via acute MI — 7 days.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). none.

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? no.
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 3 1970 to Sept 11 1970 that (I) (we) last saw the deceased alive on Sept. 10, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard W. Mellinger MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/11/70
23C. PHYSICIAN'S NAME (Type): Richard W. Mellinger, M.D. DEGREE
23D. ADDRESS: University of Maryland Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/15/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Williams Funeral Home 3199 N. Schroeder St. ADDRESS:

VS 150-REV. 1/1/68

BIRTH NO. L-524 70 9091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9091

1. NAME OF DECEASED (Type or Print): LANGLEY, CHARLES A

2. DATE AND HOUR OF DEATH: 9/9/70 9:00 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 23 Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 17-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 608 Brune Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3/28/09
9. AGE (In years last birthday): 61
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Resturant work
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William W. Langley
14. MOTHER'S MAIDEN NAME: Eva ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 1943 - 1946
16. SOCIAL SECURITY NO.: 216-07-89-66
17. INFORMANT: VA Hospital Records
ADDRESS: 3900 Loch Raven Blvd., Balto., Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 150X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive pulmonary embolism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Esophageal Cancer — 3 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8/19/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Esophageal cancer
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 10th 1970 to September 9th 1970 that (I) (we) last saw the deceased alive on September 9th 1970 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. C. Holmes MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/11/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-15-70
24C. NAME of CEMETERY or CREMATORY: Balto Nat Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: C. Gustav Wood
ADDRESS: Mantua Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. H-620 70 9092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9092

1. NAME OF DECEASED (Type or Print): FRANCES J. HARRIS

2. DATE AND HOUR OF DEATH: 8 Sept 70 8:07 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: 1036 W Fayette

B. COUNTY: 18-02

C. CITY OR TOWN: BALTO

D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 1068 W. Fayette St

5. SEX: Fem

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug 4 1928

9. AGE (In years last birthday): 42

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry McBride

14. MOTHER'S MAIDEN NAME: Lillian Williams

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

If yes, give war or dates of service:

16. SOCIAL SECURITY NO.:

17. INFORMANT: Lillian McBride

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 571.0 DOA

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Laennec's Cirrhosis

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): [redacted]

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 19 70 to Sept 19 70 that (I) (we) last saw the deceased alive on 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald M. Pachuta MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9 Sept 70

23C. PHYSICIAN'S NAME (Type): DEGREE

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-12-70

24C. NAME of CEMETERY or CREMATORY: Arbutus Cem

24D. LOCATION (City, town, or county) (State): Arbutus Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: E. Carlton McBrearty

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M.200

T-425 70 9093

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9093

1. NAME OF DECEASED (Type or Print): LARNEDA MACK TILGHMAN Lointa Mack

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 9 Day 14 Year 70 Hour 1:45 a.m.

3. DATE PRONOUNCED DEAD: Month 9 Day 14 Year 70 Hour 1:45 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 10-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 930 E. Biddle St.

6. SEX: female
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 2-6-1937
10. AGE (In years last birthday): 33
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: MIKE MACK
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: FANNIE HOLLOWAY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
17. SOCIAL SECURITY NO.:
18. INFORMANT: Elzenca Barksdale ADDRESS:

MEDICAL CERTIFICATION

19. E968 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Craniocerebral injuries

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 930 E. Biddle St. 10-01
22D. TIME OF INJURY (APPROX.) (Month) ? (Day) ? (Year) ? (Hour) ? m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Allegedly pushed by boyfriend and fell striking head on water heater.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
DATE SIGNED: 9/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-17-70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: E. R. Wilson
ADDRESS: 1000 Brantley Ave

VS 151-REV. 1/1/68

N854.8

C-160 70 9094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9094

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CAVER MRS. MAUDE

2. DATE AND HOUR OF DEATH: SEPT 10 1970 | 5 45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 Bon Secours

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 20-02

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 9 N. BENTALOU ST.

5. SEX: FEMALE

6. RACE: NEGRO

7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: MAY 9, 1901

9. AGE (In years last birthday): 69

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10B. KIND OF BUSINESS OR INDUSTRY: No

11. BIRTHPLACE (State or foreign country): GEORGIA

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: JOHN GRANT

14. MOTHER'S MAIDEN NAME: CLIFFORD

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-20-5696

17. INFORMANT: Hospital Chart

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Meningitis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Laennec's cirrhosis — ?

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9 September 19 70 to 10 September 19 70 that (I) (we) last saw the deceased alive on 10 September 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jantra Voranakea DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓] Intern

23B. DATE SIGNED: 10 September 1970

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-16-70

24C. NAME of CEMETERY or CREMATORY: Milledgeville Cem.

24D. LOCATION (City, town, or county) (State): Milledgeville Georgia

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: E. Taber, M.D.

25C. FUNERAL DIRECTOR: Langley Funeral Home, Milledgeville, Ga. Ethney C. Wilson, Balto. Md.

ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

R-326 70 9095

R 2-62

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9095

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MORRIS Maurice Rogers RODGERS

2. DATE OF DEATH Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD Month 9 Day 13 Year 70 Hour 5:40 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
43 South Baltimore General

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 25-52

6. SEX male

7. RACE colored

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH Sept 22 1902

10. AGE (In years last birthday) 68

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER 3031 Southland Ave.

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME UNK

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME MARGARET BROWN

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT ELMIRA S. RODGER ADDRESS S/A

MEDICAL CERTIFICATION

19. 412.4 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No) no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type) Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED 9/13/70

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 9-18-70

24C. NAME of CEMETERY or CREMATORY BALTO NAT'L CEM

24D. LOCATION (City, town, or county) BALTO. (State) Md

25A. DATE REC'D BY HEALTH DEPT. SEP 15 1970

25B. NAME OF REGISTRAR [illegible]

25C. FUNERAL DIRECTOR [illegible]

ADDRESS [illegible]

VS 151-REV. 1/1/68

70 9096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9096

BIRTH NO. D-500 (Marguerite Dunn)

1. NAME OF DECEASED (Type or Print) MRS. DUNN, MARGUERITE

2. DATE AND HOUR OF DEATH 9. 12. 1970 4. 05 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

UNION MEMORIAL HOSPITAL

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY 8-31

C. CITY OR TOWN BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER 2227 LAKE AVENUE

5. SEX FEMALE 6. RACE WHITE 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH 11 - 16 - '90 9. AGE (In years last birthday) 79 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) TENN.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas McConnell

14. MOTHER'S MAIDEN NAME Mary Frantz

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO. 274 44 7516

17. INFORMANT Robert E. Dunn-2227 Lake Ave. (Son) HOSPITAL ADMISSION HISTORY

MEDICAL CERTIFICATION

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE SUBCAPITAL FRACTURE RT HIP

DUE TO, OR AS A CONSEQUENCE OF:

(B) CONGESTIVE HEART FAILURE

DUE TO, OR AS A CONSEQUENCE OF:

(C) ARTERIOSCLEROTIC VASCULAR DISEASE

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED —

20A. AUTOPSY? (Yes or No) No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) AT HER HOME IN BALTIMORE

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 9 . 9 . 70 am

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☑

21F. HOW DID INJURY OCCUR? PROBABLY FELL AT HOME

22. I certify that (I) (this hospital) attended the deceased from 9. 9. 1970 to 9. 12 1970 that (I) (we) last saw the deceased alive on 9. 11. 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Ramnath Rau M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED 9. 12. 1970

23C. PHYSICIAN'S NAME (Type) DR RAMNATH RAU M.D. DEGREE

23D. ADDRESS UNION MEMORIAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 9/15/70

24C. NAME of CEMETERY or CREMATORY New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. SEP 15 1970

25B. NAME OF REGISTRAR Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR H. Sander & Sons, Inc., Balto., Md. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Released on approval by Dr. Smith 9/12/70 D. Doyle

G-4001

70 9097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9097

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM MILTON GILL

2. DATE AND HOUR OF DEATH: Sept. 10, 1970 | 6:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

US Public Health Service Hospital
2X 3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Prince Geo 66-00

C. CITY OR TOWN: Oxon Hill

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 5025 Shelby Drive

5. SEX: M

6. RACE: W

7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11/7/09

9. AGE (In years last birthday): 60

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~TV repairman~~ Paint & Hdwe. Salesman

10B. KIND OF BUSINESS OR INDUSTRY: ~~TV~~

11. BIRTHPLACE (State or foreign country): Washington, DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Gill

14. MOTHER'S MAIDEN NAME: Agnes ~~Mary~~ Padgett

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: 578-01-8389

17. INFORMANT: Records- US PHS Hospital, Balto, Md. ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 161.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Left cerebral abscess — Approximate interval between onset and death: Days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Metastatic carcinoma — Weeks

DUE TO, OR AS A CONSEQUENCE OF:

(C) Carcinoma of the larynx — 8 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct. 16 19 69 to Sept. 10 19 70, that (I) (we) last saw the deceased alive on Sept. 10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John C Sutherland M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/11/70

23C. PHYSICIAN'S NAME (Type): John C. Sutherland, MD DEGREE

23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/14/1970

24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery

24D. LOCATION (City, town, or county) (State): Suitland, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Jakes, M.D.

25C. FUNERAL DIRECTOR: Nalley's Funeral Home

ADDRESS: Mt. Rainier, Md.

RGB

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-613

70 9098

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 9098

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Clifton Trafton

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 12 Year 70 Hour 10:20p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hospital

37

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 12-07

6. SEX: male

7. RACE: colored

8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 9-11-24

10. AGE (In years last birthday): 46

If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 419 E. North Ave.

11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Trafton

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY: Harry T. Campbell

15. MOTHER'S MAIDEN NAME: Irene Cromwell

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 220-24-1014

18. INFORMANT: Bernice Taylor Trafton ADDRESS: 419 E. North Ave. 21202

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E965 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple gunshot wounds
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 400 Blk. Pittman Pl. 12-05

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9/ 12/ 70 10:00 p.m.

22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]

22F. HOW DID INJURY OCCUR? shot during altercation

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [X] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 9/13/70

24A. BURIAL CREMATION, REMOVAL (Specify): transit-burial

24B. DATE: 9-17-70

24C. NAME of CEMETERY or CREMATORY: Union Chapel

24D. LOCATION (City, town, or county) (State): Monkton, Maryland

25A. DATE REC'D BY HEALTH DEPT. SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Faubey, M.D.

25C. FUNERAL DIRECTOR: Marshall W. Jones, Jr. ADDRESS: 1735 Harford Ave. 21213

VS 151-REV. 7/1/68

N 879.87 0 0 0 0 0 0 3

1

F-200 70 9099

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9099

1. NAME OF DECEASED (Type or Print): Thomas R. Fox

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 9 Day 14 Year 70 Hour 1:40 a.m.

3. DATE PRONOUNCED DEAD: Month 9 Day 14 Year 70 Hour 1:40 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
44 Union Memorial Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY 12-02
C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 3113 St. Paul Street

6. SEX: male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 4/14/1943
10. AGE (In years last birthday): 27
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harry G. Fox

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouseman
14B. KIND OF BUSINESS OR INDUSTRY: Appliance
15. MOTHER'S MAIDEN NAME: Agnes Bruns

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 215-42-5951
18. INFORMANT: Mrs. Harry G. Fox
ADDRESS: 239 A. Rogers Forge Rd

MEDICAL CERTIFICATION

19. E988 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Cranio-cerebral injuries

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No) yes (Head)

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ?
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ?

22D. TIME OF INJURY (APPROX.): (Month) ? (Day) ? (Year) ? (Hour) ? m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR? ?

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ (Head) and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒
DATE SIGNED 9/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/16/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 151-REV. 7/1/68

N854.8 0 0 0 4

BIRTH NO. S-360 70 9100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9100

1. NAME OF DECEASED (Type or Print): Ottilie Sutro

2. DATE AND HOUR OF DEATH: Sept. 12, 1970 11:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3333 N. Charles Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 12-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3333 N. Charles Street

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-4-1872
9. AGE (In years last birthday): 98
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-Employed
10B. KIND OF BUSINESS OR INDUSTRY: Concert Pianist
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otto Sutro
14. MOTHER'S MAIDEN NAME: Arianna Handy

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-44-3664
17. INFORMANT: Mrs. Elsie Wisenborn
ADDRESS: 1614 Wadsworth Way

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 yr
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Arteriosclerosis — 10 yr
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 11/20 1963 to 9/12 1970 that (I) (~~we~~) last saw the deceased alive on 9/8 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Norman R. Freeman DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/14/70
23C. PHYSICIAN'S NAME (Type): Dr. Norman R. Freeman, Jr. DEGREE
23D. ADDRESS: 11 W. 29th Street

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 9-15-70
24C. NAME of CEMETERY or CREMATORY: Green Mount
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co.
ADDRESS: 4905 York Road Balto., Md. 21212

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. J-250 70 9101 REG. NO. 70 9101

1. NAME OF DECEASED (Type or Print): Jackson, Mary T.

2. DATE AND HOUR OF DEATH: 9-7-70 @ 2:35 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt. Sinai Nursing Home 4613 Park Heights Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 15-10
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4010 Maine Ave

5. SEX: F 6. RACE: Black 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 5-22-89 9. AGE (In years last birthday): 81 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Kenk

14. MOTHER'S MAIDEN NAME: Julia ~~Kenk~~ Gank

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-01-7735

17. INFORMANT: Mrs Ellen Brown ADDRESS: 4010 Maine Ave

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic CV Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Sleeping Decubitus

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/22 1970 to 9/7 1970, that (I) (we) last saw the deceased alive on 9/7 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Edward A. Kallins MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/11/70

23C. PHYSICIAN'S NAME (Type): Edward S. Kallins, M.D. DEGREE

23D. ADDRESS: 6000 Park Hts Av Baltimore Md 21215

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9-11-70 24C. NAME of CEMETERY or CREMATORY: Baltimore Nat. Cem 24D. LOCATION (City, town, or county): Baltimore (State): Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970 25B. NAME OF REGISTRAR: Robert E. Falb, M.D. 25C. FUNERAL DIRECTOR: Joseph H. Russ ADDRESS: 2222 W. North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

20-77-81 j3

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-650 70 9102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9102

1. NAME OF DECEASED (Type or Print): Mary Tilghman Greene

2. DATE AND HOUR OF DEATH: 9-13-70 3:30 a/ M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital, 4940 Eastern Avenue, Baltimore, Md. 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 14-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2216 McCulloh St., Balto. Md. 21217

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6-20-1885
9. AGE (In years last birthday): 85
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Lyles
14. MOTHER'S MAIDEN NAME: Susan Robinson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH Records
ADDRESS: 4940 Eastern Avenue, Baltimore, Md. 21224

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Heart Failure + Respiratory Distress
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic Brain Syndrome

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
/

19A. DATE OF OPERATION: 0 1957
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Hysterectomy
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12 22 1955 to 9 13 1970 that (I) (we) last saw the deceased alive on 9 13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michel Saade DEGREE
Attending Phys. [ ] Med. Director [X] Staff Phys. [ ]
23B. DATE SIGNED: 9.15.70
23C. PHYSICIAN'S NAME (Type): MICHEL Michel Saade DEGREE
23D. ADDRESS: BALTIMORE CITY HOSPITALS 4940 Eastern Ave., Balto., Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 15-70
24C. NAME of CEMETERY or CREMATORY: Carver Mem. Park
24D. LOCATION (City, town, or county) (State): Laurel Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Weber, M.D.
25C. FUNERAL DIRECTOR: Charles Evans Hughes
ADDRESS: 1532 Hollins St.

VS 150-REV. 1/1/68

24-89-28 db

B-346

BIRTH NO. 70 9103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9103

1. NAME OF DECEASED (Type or Print): William F. Butler

2. DATE AND HOUR OF DEATH: 9/5/70 5:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals - 4940 Eastern Avenue
Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-12
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4940 Eastern Avenue Balto.Md. 21224

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-21-1919
9. AGE (In years last birthday): 51
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH-Records ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Probable Pneumonia — approx. 6 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Parkinson's disease — 22 years -
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/27/58 19 58 to 9/5/70 19 70 that (I) (we) last saw the deceased alive on 9/5/70 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William Feder DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/5/70
23C. PHYSICIAN'S NAME (Type): William Feder DEGREE
23D. ADDRESS: BCH- 4940 Eastern Ave. Balto.Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-12-70
24C. NAME of CEMETERY or CREMATORY: GLEN HAVEN CEMETERY
24D. LOCATION (City, town, or county) (State): ANNE ARUNDEL COUNTY, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Jaber M.D.
25C. FUNERAL DIRECTOR: William E. Johnson
ADDRESS: 8521 LOCH RAVEN BALTO, Md. 04

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Z-200

BIRTH NO.

70 9104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 9104

1. NAME OF DECEASED (Type or Print): Zeiss, William, John

2. DATE AND HOUR OF DEATH: 9/12/70 11:10 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): U.S. PUBLIC HEALTH HOSP 31st & Wyman Pk. Dr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: N.J.

B. COUNTY: V-27

C. CITY OR TOWN: CAPE MAY

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 117 BEACH HURST RD.

5. SEX: M

6. RACE: C

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11/4/1903

9. AGE (In years last birthday): 66

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): American Seaman

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pennsylvania, USA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Zeiss

14. MOTHER'S MAIDEN NAME: Christine Rothweiler

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 183-05-1010

17. INFORMANT: Med. Records

ADDRESS: USPHS Hosp.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Bronchopneumonia	days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Early gangrene of left lower leg	days
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Arteriosclerosis	years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Renal failure (Directly related) months

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____ that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John C. Sutherland, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: Sept 13, 1970

23C. PHYSICIAN'S NAME (Type): JOHN C. SUTHERLAND M.D. DEGREE

23D. ADDRESS: 3100 WYMAN PARK DR. BALTO

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-17-70

24C. NAME of CEMETERY or CREMATORY: Cold Spring Presbyterian

24D. LOCATION (City, town, or county) (State): Lower Township N.J.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: D. O. Cook - Brooks Towson

ADDRESS: 1050 York Rd. Towson Md. 21204

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-532

BIRTH NO. 70 9105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9105

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Joseph Wantz Sr

2. DATE AND HOUR OF DEATH: 9-13-70 | 7:40 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto Co 53-00
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: 940 Radcliffe Road

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-20-24
9. AGE (In years last birthday): 46
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Gas & Electric-Ret.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Preston H. Wantz
14. MOTHER'S MAIDEN NAME: Anna Slack
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW 11
16. SOCIAL SECURITY NO.: 216-12-9532
17. INFORMANT: Mrs. Loretta Wants ADDRESS: Same as # 4

MEDICAL CERTIFICATION

18. 250.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Renal failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Kimmelstiel Wilson disease
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes Mellitus

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/3/ 19 70 to 9/13/ 19 70 that (I) (we) last saw the deceased alive on 9/12/ 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: K. Lwin DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/13/70
23C. PHYSICIAN'S NAME (Type): KYI K LWIN DEGREE
23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/16/70
24C. NAME of CEMETERY or CREMATORY: Lorraine Park
24D. LOCATION (City, town, or county) (State): Woodlawn, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson Inc
ADDRESS: 1050 York Rd Balt Md. 21204

VS 150-REV. 1/1/68

M-260 70 9106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70 9106

BIRTH NO. | REG. NO.

1. NAME OF DECEASED (Type or Print): MR WILLIAM M. MEISER, SR.

2. DATE AND HOUR OF DEATH: 9/13/70 | 9.45 P.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MERYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND | B. COUNTY: BALTIMORE

C. CITY OR TOWN: BALTIMORE | D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 633 GAYLE DRIVE - LINTHICUM 21090 MD

5. SEX: MALE | 6. RACE: WHITE | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 7/21/94 | 9. AGE (In years last birthday): 76 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~NONE~~ EXECUTIVE | 10B. KIND OF BUSINESS OR INDUSTRY: AMERICAN ICE CO

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB MEISER

14. MOTHER'S MAIDEN NAME: CAROLIN MEETH.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-07-2436

17. INFORMANT: WM. M. MEISER JR. | ADDRESS: Same As # 4 F.

MEDICAL CERTIFICATION

18. 154.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: RECTUM CA.

DUE TO, OR AS A CONSEQUENCE OF:

(B) METASTATIC CA.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20A. AUTOPSY? (Yes or No) | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐ | 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ~~8/10~~ 8/10 1970 to 9/13 1970 that (I) (we) last saw the deceased alive on ~~9.45 P.M.~~ 9/13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ariel Solis DEGREE | Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ | 23B. DATE SIGNED: 9/13/70

23C. PHYSICIAN'S NAME (Type): ARIEL SOLIS MD. DEGREE | 23D. ADDRESS: MERYLAND GENERAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL | 24B. DATE: 9-16-70 | 24C. NAME of CEMETERY or CREMATORY: DULANEY VALLEY MEMORIAL | 24D. LOCATION (City, town, or county): TIMONIUM (State): MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970 | 25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D. | 25C. FUNERAL DIRECTOR: Wm. Oak Brooks Towson, Inc. | ADDRESS: Towson, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-435 70 9107

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9107

1. NAME OF DECEASED (Type or Print): GWALTNEY, MARGARET ELIZABETH

2. DATE AND HOUR OF DEATH: SEPTEMBER 11, 1970 7:20 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE G 53-00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 6208 FREDERICK ROAD

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 03 29 05
9. AGE (In years last birthday): 65
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSE
10B. KIND OF BUSINESS OR INDUSTRY: SPRING GROVE STATE HOSPITAL
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: WILLIAM HOWELL
14. MOTHER'S MAIDEN NAME: LOUISA (HUFF)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-03-4078
17. INFORMANT: ST AGNES RECORDS-BALTO MD 21229 ADDRESS

MEDICAL CERTIFICATION

18. 410.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiogenic Shock. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hour.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute MI — 3 days

DUE TO, OR AS A CONSEQUENCE OF:

(C) ASCVD — years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 10 1970 to SEPTEMBER 11 1970 that (I) (we) last saw the deceased alive on SEPTEMBER 11 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bizhan - Ebrahimy MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 09 11 70
23C. PHYSICIAN'S NAME (Type): BIZHAN EBRAHIMY M.D. DEGREE
23D. ADDRESS: ST AGNES HOSP. CATON & WILKENS AVE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-14-70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Frederick Road Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs M.D.
25C. FUNERAL DIRECTOR: C. S. MacNabb
ADDRESS: 301 Frederick Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-653 70 9108

REG. NO. 70 9108

1. NAME OF DECEASED (Type or Print): Edna May Grantland

2. DATE AND HOUR OF DEATH: Sept.12,1970 | 3 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St.Agnes Hospital

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 25-72

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2831 Hollins Ferry Road

5. SEX: Female

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: June 23,1909

9. AGE (In years last birthday): 62

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Feeheley

14. MOTHER'S MAIDEN NAME: Barbara ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: William E.Grantland 2831 Hollins Ferry Rd.

ADDRESS

MEDICAL CERTIFICATION

18. 431.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Cerebral Vascular hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes

DUE TO, OR AS A CONSEQUENCE OF: hypertension — at least 3 years

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 7, 1967 19 67 to Sept. 19 70, that (I) (we) last saw the deceased alive on June 30, 1970 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ataollah Golpira DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-14-1970

23C. PHYSICIAN'S NAME (Type): ATAOLLAH GOLPIRA DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/15/70

24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Park

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Jaeckle, M.D.

25C. FUNERAL DIRECTOR: McCully Funeral Home

ADDRESS: 237 Patapsco Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-252 70 9109

REG. NO. 70 9109

1. NAME OF DECEASED (Type or Print): Elizabeth May Hagins

2. DATE AND HOUR OF DEATH: Sept.13,1970 7:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): House in the Pines Belair

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 25-44

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: Formerly 3822 Brooklyn Ave.

5. SEX: Female

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Feb.17,1890

9. AGE (In years last birthday): 80

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ———

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? McCullough

14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Ruth Everd ADDRESS: ——

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 410.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: —

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cardiovascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Chronic Brain Syndrome, — years

Multiple Strokes — years

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-5 1965 to 9/13/1970, that (I) (~~we~~) last saw the deceased alive on 9/9/1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Albert B Bradley DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/16/70

24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery

24D. LOCATION (City, town, or county): Glen Burnie (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Fatberg M.D.

25C. FUNERAL DIRECTOR: McCully Funeral Home ADDRESS: 237 Patapsco Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-256 70 9110 REG. NO. 70 9110

1. NAME OF DECEASED (Type or Print): HARRY BUCKNER

2. DATE AND HOUR OF DEATH: 9-11-70 4P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
C. CITY OR TOWN: BALTIMORE Co
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 5988 MARSUE DRIVE, APT. 2 C

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Oct. 10, 1895
9. AGE (In years last birthday): 74 XXX
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer
10B. KIND OF BUSINESS OR INDUSTRY: PROPRIETOR
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Simon Buckner
14. MOTHER'S MAIDEN NAME: Ruda ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
If yes, give war or dates of service:
16. SOCIAL SECURITY NO.:
17. INFORMANT: Rose Buckner, ADDRESS: 6988 MARSUE DRIVE, APT. 2C

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Heart failure
DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart failure, due to Arteriosclerotic Heart disease
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 412.3

II Terminal Pneumonia ?; Pulmonary Embolism ?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (this hospital) attended the deceased from 8-22 1970 to 9-11 1970 that (I) (we) last saw the deceased alive on 9-11 1970 and that in (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rodolfo S. Victoria MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9-11-70
23C. PHYSICIAN'S NAME (Type): RODOLFO S. VICTORIA, MD DEGREE
23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-13-70
24C. NAME of CEMETERY or CREMATORY: HAR ZION TIFERETH ISRAEL
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Kelley, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-100 70 9111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9111

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): JAMES H. LEVI

2. DATE AND HOUR OF DEATH: SEPT. 11, 1970 at 8:00 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL

10-5-70 ✓
11-6-70

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE C 53.01
C. CITY OR TOWN: PIKESVILLE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 11 SLADE AVENUE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/3/07
9. AGE (In years last birthday): 63
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10B. KIND OF BUSINESS OR INDUSTRY: JEWELRY, RETAIL
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: LEON LEVI
14. MOTHER'S MAIDEN NAME: MINNIE HYMAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. ADELE LEVI — SAME
ADDRESS:

MEDICAL CERTIFICATION

1B. 162.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I (A)	IMMEDIATE CAUSE: CEREBRAL HEMORRHAGE	6 days
	DUE TO, OR AS A CONSEQUENCE OF: Intracranial Metastases	? 50 days
(B)	~~HYPERTENSIVE CARDIOVASCULAR DISEASE~~	~~10 yrs~~
	DUE TO, OR AS A CONSEQUENCE OF: Primary cancer of the lung	Unknown
(C)	~~Primary cancer of Gallbladder~~	~~Unknown~~
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Hypertensive cardiovascular disease	15 years
	~~GOUT~~	~~15 yrs~~

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Above represents findings

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/5 1970 to 9/11 1970 that (I) (we) last saw the deceased alive on Sept. 11 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Albert I. Mendeloff MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: Sept. 11, 1970
23C. PHYSICIAN'S NAME (Type): ALBERT I. MENDELOFF, M.D. DEGREE
23D. ADDRESS: SINAI HOSPITAL, 21215

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/13/70
24C. NAME of CEMETERY or CREMATORY: BALTO. HEBREW
24D. LOCATION (City, town, or county) (State): REISTERSTOWN, MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Taylor, M.D.
25C. FUNERAL DIRECTOR: Sol Levinson & Bros.
ADDRESS: 6010 Reist. Rd.

VS 150-REV. 1/1/68

Record from Sinai Hospital signed by Dr. Albert I. Mendeloff
10-5-70 M.H.

11/6/70 - Letter from Sinai Hospital signed by Dr. Albert Mendeloff,
10/21/70. Lge

C-455

BIRTH NO. 70 9112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9112

1. NAME OF DECEASED (Type or Print): Calman, Barney (BERNARD) JOSEPH

2. DATE AND HOUR OF DEATH: 9-10-70 | 5:57 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: Balto Co 53-00

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 503 NASSAU ROAD

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: SEPT. 15, 1898

9. AGE (In years last birthday): 71

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFEUR

10B. KIND OF BUSINESS OR INDUSTRY: TAXI

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: COLEMAN CALMAN

14. MOTHER'S MAIDEN NAME: JENNIE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES

(If yes, give war or dates of service): W.W I & II ARMY

16. SOCIAL SECURITY NO.: 216-07-8337A

17. INFORMANT: MRS. JEAN CALMAN, 503 NASSAU STREET #21208

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

DUE TO, OR AS A CONSEQUENCE OF: Sy. Arteriosclerosis

(B) DUE TO, OR AS A CONSEQUENCE OF: Diabetes Mel.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from — 1965 to 9/10 1970 that (I) (we) last saw the deceased alive on 9/10 1970 and that in (my) (our) opinion death occurred on the date and hour ~~and from~~ the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Leonard M. Lister MD DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/10/70

23C. PHYSICIAN'S NAME (Type): Leonard M. Lister MD DEGREE

23D. ADDRESS: 7111 Park Heights Ave Balto. Md 21215

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-11-70

24C. NAME of CEMETERY or CREMATORY: CHIZUK AMUNO (ARLINGTON)

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Tagbor, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.,

ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-400 70 9113

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9113

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): RUTH HILL

2. DATE AND HOUR OF DEATH: SEPTEMBER 13, 1970 | 10:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3903 SEVEN MILE LANE, APT. F 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 27-20
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3903 SEVEN MILE LANE, APT. F 2

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH:
9. AGE (In years last birthday): 72
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ABRAHAM SWEETGALL
14. MOTHER'S MAIDEN NAME: LEAH ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-40-3721
17. INFORMANT: MR. BERNARD HILL
ADDRESS: 3903 SEVEN MILE LANE, APT. F2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral Vascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertension C.V.D. — 5 yr
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this ~~hospital~~) attended the deceased from 19 46 to Sept 13 19 70, that (I) (we) last saw the deceased alive on Sept 13 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Joseph B Gross DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: Sept 14 1970
23C. PHYSICIAN'S NAME (Type): JOSEPH B GROSS DEGREE
23D. ADDRESS: 6911 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-14-70
24C. NAME of CEMETERY or CREMATORY: BETH TFILOH
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Barber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

BIRTH NO. P-520 70 9114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9114

1. NAME OF DECEASED (Type or Print): SAUL S. PIMES

2. DATE AND HOUR OF DEATH: 9-12-70 | 5:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: BALTIMORE CITY

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1345 S. CHARLES STREET 23-02

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-18-04

9. AGE (In years last birthday): 65

If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIAL

10B. KIND OF BUSINESS OR INDUSTRY: MERCHANT

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY PIMES

14. MOTHER'S MAIDEN NAME: YETTA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-10-4375

17. INFORMANT: MRS. YETTA PIMES, ADDRESS: 1345 S. CHARLES ST. #30

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardiorespiratory arrest	
	Brain stem stroke	36 hrs
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	~~Chronic~~ Congestive heart failure	3 months
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Chronic atrial fibrillation	3 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Chronic obstructive pulmonary disease

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-3 1970 to 9-12 1970 that (I) (we) last saw the deceased alive on 9-12 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Dewayne Andrews MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 12 Sept 1970

23C. PHYSICIAN'S NAME (Type): M DEWAYNE ANDREWS DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-14-70

24C. NAME of CEMETERY or CREMATORY: AITZ CHAIM

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-460 70 9115

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9115

1. NAME OF DECEASED (Type or Print): DONALD C. WEILLER

2. DATE AND HOUR OF DEATH: 9/12/70 5 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: BALTIMORE CITY 13-07

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 500 WEST UNIVERSITY PARKWAY, APT. 7D

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11-06-06

9. AGE (In years last birthday): 63

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REAL ESTATE

10B. KIND OF BUSINESS OR INDUSTRY: PROPRIETOR

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES WEILLER

14. MOTHER'S MAIDEN NAME: STELLA KEMPER

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. DORIS W. WEILLER

ADDRESS: 500 W. UNIVERSITY PKWY. APT. 7 D

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

398X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ARRYTHMIA – ASYSTOLE

DUE TO, OR AS A CONSEQUENCE OF:

(B) Rheumatic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C) ASCVD

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Pulmonary insufficiency

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/1 19 70 to 9/12 19 70 that (I) (~~we~~) last saw the deceased alive on 9/12 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John S Kyser MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/12/70

23C. PHYSICIAN'S NAME (Type): JOHN S. KYSER DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-13-70

24C. NAME of CEMETERY or CREMATORY: BALTIMORE, HEBREW

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

W-524 70 9116

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9116

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET E. WINKLER
MARGARETT WINKLER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 8,1970 Hour 5:35 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
121 N. Durham Street # 21231.

00

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 6-04
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 121 N. Durham Street # 21231.

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: Jan.24,1914
10. AGE (In years last birthday): 56
If Under 1 Yr. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Baltimore , Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Raymond Rose

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
14B. KIND OF BUSINESS OR INDUSTRY: At Home
15. MOTHER'S MAIDEN NAME: Lillian McCord

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Dorothy Garrish ADDRESS: 5810 Hamilton Ave. #37.

MEDICAL CERTIFICATION

19. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) yes (Partial)

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ (Partial) and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type) Ronald N. Kornblum,M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED 9/9/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-11-70
24C. NAME of CEMETERY or CREMATORY: Mt. Carmel Cemetery
24D. LOCATION (City, town, or county) (State): 5712 O'Donnell St.,Balto.,Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Charles S. Bile ADDRESS: 901 S. Conkling St. Balto., 21224, Md.

VS 151-REV. 3/1/68

1

L-300 70 9117

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9117

CERTIFICATE AMENDED 9-17-70

1. NAME OF DECEASED (Type or Print): James Layte

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 9 Day: 10 Year: 70 Hour: 12:36 P.M.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 10 Year: 70 Hour: 12:36 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) — FULL NAME OF HOSPITAL OR INSTITUTION: Church Home & Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland — B. COUNTY: 6-02

6. SEX: M

7. RACE: W

8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 9-17-70 1903

10. AGE (In years last birthday): 66 — If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.

E. STREET AND NUMBER: 135 N. Lakewood Avenue

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James J. Layte Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY: Balto. City

15. MOTHER'S MAIDEN NAME: Mary E. Sullivan

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 160-14-0684

18. INFORMANT: Mrs. D. Layte — ADDRESS: 135 N. Lakewood Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 161.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of the larynx

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): NO

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D.

Deputy CHIEF MEDICAL EXAMINER [XX]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: 9/11/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-14-70

24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: B. Dabrowski — ADDRESS: 2818 E. Balto. St.

VS 151-REV. 1/1/68

70 0 0 0 8 1 0 2

V.S. 153 9-17-70 M.H.

W-240 70 9118

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9118

1. NAME OF DECEASED (Type or Print) Weggel .Sadie

2. DATE AND HOUR OF DEATH 9/12/1970 7.05 P.m M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Hilton. Nursing. Home
3313. Poplar. Street Baltimore, Md 21216

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY 26-32

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER 4804 Althea Ave.

5. SEX F 6. RACE W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH 3-23-1875 9. AGE (In years last birthday) 95 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress

10B. KIND OF BUSINESS OR INDUSTRY self

11. BIRTHPLACE (State or foreign country) Balto., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John P. Keating

14. MOTHER'S MAIDEN NAME ? ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) no (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 218-30-5441

17. INFORMANT Mr. Charles Guteerlet ADDRESS Monkton, Md. 21111

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 412.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE A.S.C.V.D. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH undetermined

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-9-1970 to 9-12-1970 that ~~(I)~~ (we) last saw the deceased alive on 9-11-1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did)~~ (did not) view the body after death.

23A. SIGNATURE Barbu Calin DEGREE Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED 9-13-70

23C. PHYSICIAN'S NAME (Type) BARBU CALIN DEGREE

23D. ADDRESS 831 Poplar Grove

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 9-16-70

24C. NAME of CEMETERY or CREMATORY Baltimore

24D. LOCATION (City, town, or county) Baltimore (State) Maryland

25A. DATE REC'D BY HEALTH DEPT. SEP 15 1970

25B. NAME OF REGISTRAR Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR John T. Stansbury ADDRESS 6411 Windsor Mill Rd. Balt. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

A-450

BIRTH NO. 70 9119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9119

1. NAME OF DECEASED (Type or Print): Mattie Allen

2. DATE AND HOUR OF DEATH: Sept 13 1970 | 12:05 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Go Midtown Home Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 11-02
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 808 St Paul St

5. SEX: Female
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-22-03
9. AGE (In years last birthday): 67
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10B. KIND OF BUSINESS OR INDUSTRY: Dressmaking
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 577-16-8952
17. INFORMANT: Julia Perk ADDRESS: 808 St Paul St.

MEDICAL CERTIFICATION

18. 412.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Cardio Respiratory failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertensive Art CVD
DUE TO, OR AS A CONSEQUENCE OF:
(C) Gen. Arteriosclerosis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec 29 1967 to Sept 13 1970 that (I) (we) last saw the deceased alive on ____ 19____ and that in (my) opinion death occurred on the date and hour and from the causes stated above. (I) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Sept. 13, 1970
23C. PHYSICIAN'S NAME (Type): Wilson D Applefeld MD DEGREE
23D. ADDRESS: 6615 Reisterstown Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-16-70
24C. NAME of CEMETERY or CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): A. A. Co.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Paul E. Shumaker
ADDRESS: 365 Chestnut Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-630 70 9120

REG. NO. 70 9120

1. NAME OF DECEASED (Type or Print): DAVID A. FORD

2. DATE AND HOUR OF DEATH: 9/12/70 11:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 27-57
C. CITY OR TOWN: BALTO.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2827 Baumwood Ave. 21234

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4-15-02
9. AGE (In years last birthday): 68 yrs
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EMPLOYEE
10B. KIND OF BUSINESS OR INDUSTRY: HILL'S ICE CREAM
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HARRY B. FORD
14. MOTHER'S MAIDEN NAME: ALICE CHILCOATE
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219 05 1555
17. INFORMANT: Alice M. Ford
ADDRESS: 2827 Baumwood Ave

MEDICAL CERTIFICATION

18. 1621

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Respiratory failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Chronic Obstructive lung disease — 5 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Malignancy of lung — 2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Upper GI bleeding

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-7-70 19__ to 9-12 19 70 that (I) (we) last saw the deceased alive on 9-12 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Wilma Gr. M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/12/70
23C. PHYSICIAN'S NAME (Type): WILMA B. MANIAGO MD. DEGREE
23D. ADDRESS: CHH

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-15-70
24C. NAME of CEMETERY or CREMATORY: Lakewood Mem.
24D. LOCATION (City, town, or county) (State): Finksburg Md.

25A. DATE RECD BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Paul E. Blumenthal
ADDRESS: 3615 Chestnut Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

P-100

BIRTH NO. 70 9121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9121

1. NAME OF DECEASED (Type or Print): POPE, RUSSELL ALFRED

2. DATE AND HOUR OF DEATH: SEPTEMBER 10, 1970 4:35PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: Baltimore Co

C. CITY OR TOWN: BALTIMORE Arbutus

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 5626 OAKLAND ROAD

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 04 29 99

9. AGE (In years last birthday): 71

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED REALTOR

10B. KIND OF BUSINESS OR INDUSTRY: REALESTATE

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: EDWIN POPE

14. MOTHER'S MAIDEN NAME: HEPSEBAH (DRAISY)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES

(If yes, give war or dates of service): WORLD WAR 1

16. SOCIAL SECURITY NO.: 213-01-6210

17. INFORMANT: ST AGNES RECORDS

ADDRESS: BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intracerebral Hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) ASCVD. MI.

DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 22

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 24 19 70 to SEPTEMBER 10 19 70 that (I) (we) last saw the deceased alive on SEPTEMBER 10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ching-Hui Tsai, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/11/70

23C. PHYSICIAN'S NAME (Type): CHING-HUI TSAI MD.

Ching-Hui Tsai, M.D. DEGREE

23D. ADDRESS: St Agnes Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/14/70

24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery

24D. LOCATION (City, town, or county) (State): Dorsey, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Jacobs

25C. FUNERAL DIRECTOR: Lombardi 328 Sulphur Sp Rd

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

L-320 70 9122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9122

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FREDERICK W. LETSCH, Jr.

2. DATE AND HOUR OF DEATH: 9-12-70 8:10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): NORTH CHARLES HOSPITAL NORTH CHARLES ST. BALTO. MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 27-58
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1710 WOODBOURNE AVENUE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-1-91
9. AGE (In years last birthday): 78
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clothing Cutter
10B. KIND OF BUSINESS OR INDUSTRY: Lebow Clothes
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FREDERICK W. LETSCH, Sr.
14. MOTHER'S MAIDEN NAME: MARGARET PFAFF

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212-07-6468
17. INFORMANT: Mrs. Lillian P. Letsch
ADDRESS: 1710 Woodbourne Ave

CAUSE OF DEATH

18. 785X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: UREMIA
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) RENAL FAILURE
DUE TO, OR AS A CONSEQUENCE OF:

(C) CA OF PROSTATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Ca head pancreas with jaundice

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPT. 11 1970 to SEPT. 12 1970 that (I) (we) last saw the deceased alive on SEPT 12 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Arturo P. Pangilinan, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: SEPT. 12, 1970
23C. PHYSICIAN'S NAME (Type): ARTURO P. PANGILINAN, M.D. DEGREE
23D. ADDRESS: NORTH CHARLES HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-16-1970
24C. NAME of CEMETERY or CREMATORY: Druid Ridge
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Jabez E. Jabez, M.D.
25C. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Ave.,

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

A-453 70 9123

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. X 70 9123

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Wesley E. Allnutt

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month 9 Day 12 Year 70 Hour 2:30 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Carroll 56-00
C. CITY OR TOWN: Mt. Airy D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Pleasant Ridge Mobile Park

6. SEX: male 7. RACE: white 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Aug. 22, 1947 10. AGE (In years last birthday): 23 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME: Harvey Allnutt

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 14B. KIND OF BUSINESS OR INDUSTRY: 15. MOTHER'S MAIDEN NAME: Madeline Stem

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): Yes Oct. 1966-Sept. '68 17. SOCIAL SECURITY NO.: 212-50-5236 18. INFORMANT: Mrs. Patricia L. Allnutt ADDRESS: Mt. Airy, Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E814.7

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple injuries
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Rte. 144 near Sand Hill Rd. 56-00

22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 12 (Year) 70 (Hour) 1:59 a.m. 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 22F. HOW DID INJURY OCCUR? pedestrian struck by auto

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D. Deputy Chief Medical Examiner

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9/12/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/15/1970 24C. NAME of CEMETERY ~~or CREMATORY~~: Brandenburg 24D. LOCATION (City, town, or county) (State): Berrett, Carroll Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970 25B. NAME OF REGISTRAR: Robert E. Farley, M.D. 25C. FUNERAL DIRECTOR: C.M. Waltz, Box 326, Sykesville, Md. ADDRESS

VS 151-REV. 7/1/68

N 6410 9 0 0 7 8 1 0 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-620 70 9124 REG. NO. 70 9124

1. NAME OF DECEASED (Type or Print): JOHN BENO THERRES

2. DATE AND HOUR OF DEATH: Sept.10,1970 8 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5639 Kavon Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 21205 7-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 526 N. Robinson Street

5. SEX: male
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6/5/1895
9. AGE (in years last birthday): 75
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic
10B. KIND OF BUSINESS OR INDUSTRY: Barron Bros.
11. BIRTHPLACE (State or foreign country): Minnesotta
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-09-8928
17. INFORMANT: C.John Sherba, son-in-law
ADDRESS: 410 Haverhill Rd. Joppa, Md.

MEDICAL CERTIFICATION

18. 492X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Coronary Insufficiency — Instant
DUE TO, OR AS A CONSEQUENCE OF:
Emphysema, Coronary Sclerosis — 5-10 Years
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C) Generalized Arteriosclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 4-20-70 19 to 9-10-70 19 that (I) (~~we~~) last saw the deceased alive on 8-5-70 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: C. W. Peake M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): Dr. C. W. Peake DEGREE
23D. ADDRESS: 4508 Harford Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/14/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Tabery, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3831 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-620 HALLIE MEARS

BIRTH NO. 70 9125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9125

1. NAME OF DECEASED (Type or Print): Mrs Hallie

2. DATE AND HOUR OF DEATH: 9-11-70 1:47 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Univ Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Virginia
B. COUNTY: Accomack V-43
C. CITY OR TOWN: Nelsonia
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Rt. #13

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 15, 1902
9. AGE (In years last birthday): 67
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NA Teacher
10B. KIND OF BUSINESS OR INDUSTRY: Accomack Co. Schools
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel G. Mears
14. MOTHER'S MAIDEN NAME: Nannie Elder

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Brooks Parks
ADDRESS: Ocean City Rd. Salisbury, Md.

MEDICAL CERTIFICATION

18. 145.1

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hepato/Renal failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 wk

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma Metastatic Liver — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C) Carcinoma Palate — 6 months

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/29 19 70 to 9/11 19 70 that (I) (we) last saw the deceased alive on 9/10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James Harris DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-11-70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL, CREMATION, REMOVAL (Specify): Buried
24B. DATE: 9/13/70
24C. NAME OF CEMETERY or CREMATORY: Modest Town Cemetery
24D. LOCATION (City, town, or county) (State): Modest Town, Virginia

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Robert S. Bowman
ADDRESS: Seaford Park

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

57-57-08 js 1

T-400

BIRTH NO. 70 9126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9126

1. NAME OF DECEASED (Type or Print): Thomas M. Talley — Thomas Talley

2. DATE AND HOUR OF DEATH: 9/10/70 — 2:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital, 4940 Eastern Ave., Balto., Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland — B. COUNTY: Baltimore
C. CITY OR TOWN: Edgemere — Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: 7213 N. Point Road — Balto. Md. 21219

53-00

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/15/02
9. AGE (In years last birthday): 67 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Talley
14. MOTHER'S MAIDEN NAME: Lillie Willoughby
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 213-07-4416
17. INFORMANT: BCH Records — ADDRESS: 4940 Eastern Avenue, Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiomyopathy, ? alcoholic — 3-4 mos
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C) Chronic obstructive pulmonary disease — several years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Cardiac arrythmia 2° to cardiomyopathy

19A. DATE OF OPERATION: none
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): ~~No~~
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ~~home~~
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): ~~9 6 70 10 AM~~
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]
21F. HOW DID INJURY OCCUR? ~~He experienced sudden pain in the left lumbar area~~

22. I certify that (I) (this hospital) attended the deceased from 9/6 19 70 to 9/10 19 70 that (I) (we) last saw the deceased alive on 9/10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Douglas A. Greene MD — DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/10/70
23C. PHYSICIAN'S NAME (Type): DOUGLAS ALAN GREENE — DEGREE
23D. ADDRESS: 4940 Eastern Ave., Balto., Md. 21224 BALTIMORE CITY HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-14-70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.
25C. FUNERAL DIRECTOR: John J. Duda — ADDRESS: 7922 Wise Ave., Dundalk, Md. 21222

VS 150-REV. 1/1/68

RELEASED BY MEDICAL EXAMINER
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-620 70 9127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9127

1. NAME OF DECEASED (Type or Print): ELIZABETH GRACE Elizabeth A. Grace

2. DATE AND HOUR OF DEATH: 9/11/70 9:45pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): North Charles General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore G 53-00

C. CITY OR TOWN: Dundalk D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 1745 Portship Rd.

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 2/21/90 9. AGE (In years last birthday): 80 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? N. America

13. FATHER'S NAME: Melchoir Gossman 14. MOTHER'S MAIDEN NAME: Sophia Walk

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-05-7270D

17. INFORMANT (Daughter): Alice Cuffs ADDRESS: 1745 Portship Rd. #22 Dundalk, Md.

MEDICAL CERTIFICATION

18. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: PULMONARY EMBOLI, ACUTE

DUE TO, OR AS A CONSEQUENCE OF:

ARTERIOSCLEROTIC C.V.D.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-19- 1970 to 9-11- 1970 that (I) (we) last saw the deceased alive on 9-11- 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Benjamin Del Carmen DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/11/70

23C. PHYSICIAN'S NAME (Type): BENJAMIN DEL CARMEN DEGREE

23D. ADDRESS: North Charles General Hospital, Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/15/70 24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Park 24D. LOCATION (City, town, or county) (State): Dorsey, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970 25B. NAME OF REGISTRAR: Robert E. Talbert M.D. 25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-452 70 9128

REG. NO. 70 9128

1. NAME OF DECEASED (Type or Print): Eva L. Williams — Eva Williams

2. DATE AND HOUR OF DEATH: 9/13/70 5 35 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hosp Baltimore Md. Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Baltimore Maryland

B. COUNTY: Balto. 53-00

C. CITY OR TOWN: Dundalk Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 3129 Baybriar Road

5. SEX: Female

6. RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 3/19/04

9. AGE (In years last birthday): 66 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): (3/19/04) West, Va. US

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: MARTIN WRIGHT

14. MOTHER'S MAIDEN NAME: MAHALIA TRASOR

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 234-32-1743

17. INFORMANT: (Daughter) Dundalk, Md. ADDRESS 21222 Mrs Gloria Rigsby 3402 Sollers Pt, Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

+32.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ↑Intracranial P, herniation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 72 hours

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) (R) internal carotid occlusion ≤ massive (R) CVA — 9 days

DUE TO, OR AS A CONSEQUENCE OF:

(C) Congestive heart failure 2° rheumatic heart disease with mitral insufficiency, aortic insuff and stenosis — 96 hours

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). — >50 years

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/4 1970 to 9/13 1970 that (I) (~~we~~) last saw the deceased alive on 9/13 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Eloise Harman DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/13/70

23C. PHYSICIAN'S NAME (Type): Eloise Harman DEGREE

23D. ADDRESS: Johns Hopkins Hospital, Baltimore Md 21205

24A. BURIAL CREMATION, REMOVAL (Specify): Removal-Burial

24B. DATE: 9-16-70

24C. NAME of CEMETERY or CREMATORY: Handschumaker Cem.

24D. LOCATION (City, town, or county) (State): Webster Springs. Webster West, Va.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970

25B. NAME OF REGISTRAR: Robert E. Farley M.D.

25C. FUNERAL DIRECTOR: John J. Du da

ADDRESS: 7922 Wise, Ave. Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

RELEASED AS NON-MED BY DR SPITZ OF THE MEDICAL EXAMINER'S OFFICE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. B-610 70 9129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9129

1. NAME OF DECEASED (Type or Print): Anne C Barba

2. DATE AND HOUR OF DEATH: 9/12/70 9:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDEL 52-10
C. CITY OR TOWN: ANNAPOLIS
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 33 SOUTHGATE AVE

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [✓] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-22-53
9. AGE (In years last birthday): 16
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10B. KIND OF BUSINESS OR INDUSTRY: SCHOOL
11. BIRTHPLACE (State or foreign country): PHILA. PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN C. BARBA
14. MOTHER'S MAIDEN NAME: ANNE ARRISON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. RICHARD N. HAMBLETON
ADDRESS: #4

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 323X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: encephalitis
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: D
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? no

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 3 19 70 to Sept 12 19 70, that (I) (we) last saw the deceased alive on Sept 3 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Peter Densen MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/12/70
23C. PHYSICIAN'S NAME (Type): Peter Densen MD DEGREE
23D. ADDRESS: 601 N. Broadway; Balto. Md. 21205

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/14/70
24C. NAME of CEMETERY or CREMATORY: DRUID RIDGE CEM.
24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: JOHN M. TAYLOR · SONS
ADDRESS: ANNAPOLIS MD

VS 150-REV. 1/1/68

K-42 S70-156970 9130

BIRTH NO. [redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9130

1. NAME OF DECEDENT (Type or Print): BABY BOY KLUCZNSKI

2. DATE AND HOUR OF DEATH: 9-12-70 11.50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDEL 52-01
C. CITY OR TOWN: GLEN BURNIE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1011 PHILLIP DRIVE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-5-70
9. AGE (In years last birthday): ---------
If Under 1 Yr. Months: — Days: 7 Hours: Min.:
If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JULIUS KLUCZNSKI
14. MOTHER'S MAIDEN NAME: HARRIETT LEHAU

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT:
ADDRESS:

MEDICAL CERTIFICATION

18. 753.1 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH,
(A) IMMEDIATE CAUSE: uremia, electrolyte imbalance
DUE TO, OR AS A CONSEQUENCE OF:
(B) bilateral polycystic kidneys
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 days (gestation 35 weeks) + 7 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 9/11/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 740 renal vein thrombosis
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 10 Sept 1970 to 12 Sept 1970 that I (we) last saw the deceased alive on 12 Sept 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: CM Schmidt MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/13/70
23C. PHYSICIAN'S NAME (Type): L.M. SCHMIDT DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 9/13/70
24C. NAME of CEMETERY or CREMATORY: Johns Hopkins Hospital
24D. LOCATION (City, town, or county) (State): 601 N Broadway Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL
ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

[redacted]

1

P-630 70 9131

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9131

00

1. NAME OF DECEASED (Type or Print): WILLIAM PRUITT

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 8, 1970 Hour 10:15 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 233 Mallow Hill Road

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 28-54
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER 233 Mallow Hill Road

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 12/9/32
10. AGE (In years last birthday): 37
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM H PRUITT
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BAR TENDER
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: MARY FREY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 215-28-0928
18. INFORMANT: Kathla Pruitt ADDRESS: 1 Merrill Road-21228

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I 250.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): Diabetes Mellitus

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fatty Metamorphosis of liver

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes (Partial)

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy (Partial) ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/9/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-12-1970
24C. NAME of CEMETERY or CREMATORY: Good Shepherd Cemetery
24D. LOCATION (City, town, or county) (State): Rogers Av-Howard Co. Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 15 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Edw. D. McNutt Jr. ADDRESS: 301 Frederick Rd-21228

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-525 70 9132

REG. NO. 70 9132

1. NAME OF DECEASED (Type or Print): George W. Townsend, Jr.

2. DATE AND HOUR OF DEATH: Sept 14, 1970 1:55 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore City 2-03

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1624 Fleet St.

5. SEX: Male

6. RACE: Caucasian

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 8/27/90

9. AGE (In years last birthday): 80

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Maker ~~Ship Captain~~

10B. KIND OF BUSINESS OR INDUSTRY: Essg Co. ~~Merchant Freight~~

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Townsend, Sr.

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Geo. W. Townsend, III ADDRESS: 623 Yarmouth Ave. Absecon, N. J.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I

(A) IMMEDIATE CAUSE: myocardial failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) ruptured abdominal aortic aneurysm

DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): none

19A. DATE OF OPERATION: Sept 14, 1970

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ruptured Abdominal aneurysm

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 1, 1970 to Sept 14, 1970 that (I) (we) last saw the deceased alive on Sept 14, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John B. Posey MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Sept 14, 1970

23C. PHYSICIAN'S NAME (Type): John B. Posey DEGREE

23D. ADDRESS: 548 A. N. Bond, Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/17/70

24C. NAME of CEMETERY or CREMATORY: Parkwood Cem

24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: Robert E. Farbey M.D.

25C. FUNERAL DIRECTOR: [illegible] ADDRESS: 2334 Jefferson St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

44-63-30 TB 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-250 70 9133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 70 9133

1. NAME OF DECEASED (Type or Print): Charles F. Macin

2. DATE AND HOUR OF DEATH: 9/12/70 7:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Baltimore City Hospitals
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore Co 21222 53-00
C. CITY OR TOWN: DUNDALK D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1 Yorkway

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-30-11
9. AGE (In years last birthday): 59
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WIREDRAWER
10B. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: CHARLES MACIN
14. MOTHER'S MAIDEN NAME: FRANCES (?)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 213-07-4223
17. INFORMANT: BCH-Records
ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. 746.6

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Probable generalized sepsis due to Pseudomonas and/or Klebsiella — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: aprox. 20 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Probable Bacterial Endocarditis of prosthetic Starr-Edwards aortic valve — aprox. 20 days
DUE TO, OR AS A CONSEQUENCE OF:
(C) Congenital Aortic Stenosis — 59 years

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Severe brain damage due to an episode of Cardiac-Arrest 4/25/70 — 5 months

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/18 1970 to 9/12 1970 that (I) (we) last saw the deceased alive on 9/12 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William Feder DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/12/70
23C. PHYSICIAN'S NAME (Type): William Feder DEGREE
23D. ADDRESS: BCH-4940 Eastern Avenue Balto., Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-15-70
24C. NAME of CEMETERY or CREMATORY: HOLY REDEEMER
24D. LOCATION (City, town, or county) (State): BALTIMORE, Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Talbot, M.D.
25C. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible], Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-263 70 9134

REG. NO. 70 9134

1. NAME OF DECEASED (Type or Print): CHARLES PRESTON MAGRUDER

2. DATE AND HOUR OF DEATH: September 11, 1970 | 3:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3239 Brendan Ave. Balto., 21213, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 26-33
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3239 Brendan Ave. # 21213.

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan. 30, 1921
9. AGE (In years last birthday): 49 | If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Press Setter
10B. KIND OF BUSINESS OR INDUSTRY: Vulcan Hart Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Cassius Magruder
14. MOTHER'S MAIDEN NAME: Gladys Johannas
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W.W.II
16. SOCIAL SECURITY NO.: 218-10-3221
17. INFORMANT: Cecelia C. Magruder
ADDRESS: Same.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 151.9 Cancer of Stomach — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 mos.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3/24/58 19 to 9/11 1970 that (I) (we) last saw the deceased alive on 8/18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Benjamin Highstein DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/12/70
23C. PHYSICIAN'S NAME (Type): BENJAMIN HIGHSTEIN DEGREE
23D. ADDRESS: 121 S. Highland Ave., Balto., 21224, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-15-70.
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): 7225 Eastern Blvd., Ba.Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Charles A. Gruber
ADDRESS: 901 S. Conkling St., Balto., 21224, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. E-135 70 9135

REG. NO. 70 9135

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Efthimiou, Vasilios

2. DATE AND HOUR OF DEATH: 9-9-70 12:45 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Convalescent Center 1400 John St., Balto, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 4-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 506 W. Muberry Street / MULBERRY ST

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1888
9. AGE (In years last birthday): 81 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-10-6691
17. INFORMANT: Bolton Hill Nursing Home Records — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.3 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Bronchopneumonia	1 week
DUE TO, OR AS A CONSEQUENCE OF: (B)	arteriosclerotic heart disease	7 years
DUE TO, OR AS A CONSEQUENCE OF: (C)	arteriosclerosis	7 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/26 1968 to 9/9 1970, that (I) (we) last saw the deceased alive on 9/9 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/10/70
23C. PHYSICIAN'S NAME (Type): ALLAN H MACHT MD DEGREE
23D. ADDRESS: 2 E Read St Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/11/70
24C. NAME of CEMETERY or CREMATORY: GREEK ORTHODOX CEMETERY
24D. LOCATION (City, town, or county) (State): BALTO., MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Nicholas D. Matthews — ADDRESS: 3021 Eastern Ave. Balto. Md.

VS 150-REV. 1/1/68

G-552 70 9136

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 9136

1. NAME OF DECEASED (Type or Print): THOMAS MICHAEL GANNING

2. DATE AND HOUR OF DEATH: Sept. 10, 1970 2:05 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

US Public Health Service Hospital
3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: NJ

B. COUNTY: V-27

C. CITY OR TOWN: Vineland

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: NE Blvd. Trailer Park # 238

5. SEX: M

6. RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2/11/48

9. AGE (In years last birthday): 23

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NJ

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Ganning

14. MOTHER'S MAIDEN NAME: Marie ? Murray

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Records- US PHS Hospital, Balto, Md.

ADDRESS:

MEDICAL CERTIFICATION

18. 186X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic teratocarcinoma

DUE TO, OR AS A CONSEQUENCE OF: of testis, right

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 19 19 70 to Sept. 10 19 70 that (I)(we) last saw the deceased alive on Sept. 10 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary E. Feldman, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/11/70

23C. PHYSICIAN'S NAME (Type): Gary E. Feldman, SA Surg (R) DEGREE

23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial transit

24B. DATE: 9-14-70

24C. NAME of CEMETERY or CREMATORY: Gate of Heaven

24D. LOCATION (City, town, or county) (State): Hanover New Jersey

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: John Burns Sons

ADDRESS: Towson Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

RGB

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-235 No Record 70 9137 REG. NO. 70 9137

1. NAME OF DECEASED (Type or Print): DEBORAH BOSTON

2. DATE AND HOUR OF DEATH: 9/12/70 11:05 A.M. | A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 33 JOHNS HOPKINS MEDICAL INSTITUTIONS
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 19-03
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 309 S. BRUCE STREET

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-13-67
9. AGE (In years last birthday): 3 yrs.
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS ALLEN BOSTON
14. MOTHER'S MAIDEN NAME: DARLYN RODDY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Records
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I 255.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cardiorespiratory Failure
DUE TO, OR AS A CONSEQUENCE OF:
(C) Adrenal disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/11 19 70 to Sept 12 19 70 that (I) (we) last saw the deceased alive on Sept 12 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Peter Haughton, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/12/70
23C. PHYSICIAN'S NAME (Type): PETER HAUGHTON, M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-16-70
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Neeley, M.D.
25C. FUNERAL DIRECTOR: Thomas J. Kelly Inc
ADDRESS: 1600 Hollins St Bd

VS 150-REV. 1/1/68

1

70 9138

J-635

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9138

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Martha Jordan

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month: 9 Day: 13 Year: 70 Hour: 11:00 a.m.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 13 Year: 70 Hour: 11:00 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 326 Rose Bank Avenue Baltimore, Md. 21212

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~Md.~~ New York
B. COUNTY: V-29
C. CITY OR TOWN: ~~Balto.~~ Bellaire 11428
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 9101 210th Place ~~326 Rose Bank Avenue~~

6. SEX: female
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: May 1898
10. AGE (In years last birthday): 72
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Parpos, Greece
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Michael Katakouzinous
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Katherine Skaramagas
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): --
17. SOCIAL SECURITY NO.: 058-26-1314
18. INFORMANT: Michael Jordan — ADDRESS: 12 Highview Ave (Son)

MEDICAL CERTIFICATION

19. CAUSE OF DEATH: Ceder Knolls, New Jersey

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

I (A) Arteriosclerotic cardiovascular disease — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
DATE SIGNED: 9/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept.17,'70
24C. NAME of CEMETERY or CREMATORY: Evergreen Cemetery
24D. LOCATION (City, town, or county) (State): Morristown, N. J.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Eugenia K. Seitz — ADDRESS: 5209 York Road Seitz Funeral Home Baltimore, Md. 21212

VS 151-REV. 7/1/68

70 0 0 0 1 2 3

H-230

BIRTH NO. 70 9139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9139

1. NAME OF DECEASED (Type or Print): SADIE MARY HESKETT

2. DATE AND HOUR OF DEATH: 9 13 70 | 6: 55 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

ST AGNES HOSPITAL
BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTIMORE 8-31

C. CITY OR TOWN: BALTO.

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 4313 HIGHVIEW AVE-BALTO., MD.

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5 22 02

9. AGE (In years last birthday): 68

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OPERATOR

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: JOSEPH BULLINGER

14. MOTHER'S MAIDEN NAME: (NELWIG) SARAH

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214 18 1750

17. INFORMANT: ST AGNES HOSP. WILKENS & CATON AVES

ADDRESS: BALTO., MD. 21229

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 394.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulm. embolism

DUE TO, OR AS A CONSEQUENCE OF:

(B) Severe rheumatic mitral disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9 8 70 19 70 to 9 13 19 70 that (I) (we) last saw the deceased alive on 9 13 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ching Hui Tsai, M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/14/70

23C. PHYSICIAN'S NAME (Type): Ching Hui Tsai, M.D. DEGREE

23D. ADDRESS: ST AGNES HOSP., BALTO., MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-17-1970

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Wilkens Ave. Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: Robert E. Talbot, M.D.

25C. FUNERAL DIRECTOR: Hubbard Funeral Home

ADDRESS: 4107 Wilkens Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-620 70 9140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9140

1. NAME OF DECEASED (Type or Print): KRYZ Michael (MICHAEL KRYZ)

2. DATE AND HOUR OF DEATH: 11 Sep 1970 5:10 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Key Circle Hospice
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1214 Eutaw Place BALTO., MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: BALTIMORE Co. 53-00
C. CITY OR TOWN: DUNDALK
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: 746 FULBROOK RD. #21222.

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 4-5-1883
9. AGE (In years last birthday): 87
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY: LABORER
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL KRYZ
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 212-10-2154
17. INFORMANT: JANE ARMSTRONG
ADDRESS: SAME

MEDICAL CERTIFICATION

18. 412.4 I
CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CHF
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 wk

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): ASCVD/Parkinsonism/Psychosis

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 12 May 1970 to 11 Sep 1970 that (I) (we) last saw the deceased alive on 11 Sep 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J Hulla MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 11 Sep 70
23C. PHYSICIAN'S NAME (Type): J. Hulla M.D. DEGREE
23D. ADDRESS: 7214 E Fayette 21231

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-15-70.
24C. NAME of CEMETERY or CREMATORY: SACRED HEART CEM.
24D. LOCATION (City, town, or county) (State): 7401 GERMAN HILL RD., BA. Co., MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Salter, M.D.
25C. FUNERAL DIRECTOR: Charles B. Seiler
ADDRESS: 6224 EASTERN AVE. BALTO., 21224, MD

VS 150-REV. 1/1/68

D-120 70 9141

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9141

1. NAME OF DECEASED (Type or Print): Florence E. Davies

2. DATE AND HOUR OF DEATH: 9-14-70 10:50 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 37 Mercy Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: (3320 E. Baltimore St.) 6-01

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3320 E. Baltimore St.

5. SEX: F

6. RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 8/1/992

9. AGE (In years last birthday): 71

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser

10B. KIND OF BUSINESS OR INDUSTRY: Perfection Laundry

11. BIRTHPLACE (State or foreign country): East Liverpool, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Gamble

14. MOTHER'S MAIDEN NAME: Bessie Green

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-16-8815

17. INFORMANT: Mr. Earl M. Davies

ADDRESS: 3320 E. Baltimore St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchial pneumonia

DUE TO, OR AS A CONSEQUENCE OF:

Extensive metastatic carcinoma to both lungs, liver and heart

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-9 19 70 to 9-14 19 70 that (I) (we) last saw the deceased alive on 9-14 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Patrick A. Moloney M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/14/70.

23C. PHYSICIAN'S NAME (Type): PATRICK A. MOLONY M.D. DEGREE

23D. ADDRESS: MERCY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/17/'70

24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. SEP 16 1970

25B. NAME OF REGISTRAR: Robert E. Jaeber, M.D.

25C. FUNERAL DIRECTOR: John A. Morlan, Inc.

ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-000 70 9142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9142

1. NAME OF DECEASED (Type or Print): BAY, CLARENCE. M.

2. DATE AND HOUR OF DEATH: 9.14.70. 5.35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE UNION MEMORIAL HOSPITAL, 4/4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND. B. COUNTY: 9-01
C. CITY OR TOWN: BALTIMORE. D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 511 E. 43RD STREET. BALT. MD. 21212

5. SEX: MALE.
6. RACE: WHITE.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 08.14.80.
9. AGE (In years last birthday): 89 yrs. If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Alfred Bay
14. MOTHER'S MAIDEN NAME: Elizabeth Hildt
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-10-2577
17. INFORMANT: MRS CATHERINE SEEBERGER ADDRESS: 3507 HARFORD RD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

450X 7

(A) IMMEDIATE CAUSE: Pulmonary Embolism

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

BC

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): Yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 07.30.70 19 to 9.14.70. 19 that (I) (we) last saw the deceased alive on 9.14.70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mahmoud Ahras DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 8.14.70.
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/17/'70
24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John A. Moran, Inc. ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/68

1

Z-565 70 9143

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9143

1. NAME OF DECEASED (Type or Print): Charles Zimmerman

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: 9 Day: 10 Year: 70 Hour: 6:00 P.M.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 10 Year: 70 Hour: 6:00 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4002 Fleetwood Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-45
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4002 Fleetwood Avenue

6. SEX: M
7. RACE: W
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

9. DATE OF BIRTH: Nov. 11, 1917
10. AGE (in years last birthday): 52
If Under 1 Yr. If Under 24 Hrs. Months: Days: Hours: Min.:

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Raymond W. Zimmerman

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Claim Adjuster
14B. KIND OF BUSINESS OR INDUSTRY: Interstate Coastal Ins.
15. MOTHER'S MAIDEN NAME: Bessie I. Waltz

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
17. SOCIAL SECURITY NO.:
18. INFORMANT: Joyce H. Zimmerman ADDRESS: 600 Forest Dr.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 571.8

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Werner U. Spitz, M.D.

Deputy CHIEF MEDICAL EXAMINER [X]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: 9/11/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-15-70
24C. NAME of CEMETERY or CREMATORY: Mt. Olivet Cemetery
24D. LOCATION (City, town, or county): Baltimore (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS: 7401 Belair Rd. 21236

VS 151-REV. 1/1/68

70 0 0 0 8 1 2 8

B-260 70 9144

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9144

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Baker, Mary E

2. DATE AND HOUR OF DEATH: 4:50 PM 9/13/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 13-07
C. CITY OR TOWN: BALTO
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 832 W 36th St.

5. SEX: Female
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 09-06-01
9. AGE (In years last birthday): 69 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME: William Yingling
14. MOTHER'S MAIDEN NAME: ~~Unknown~~ MACKERd.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 218-09-9849T
17. INFORMANT: Thomas.1. Baker — ADDRESS: Same as above

MEDICAL CERTIFICATION

18. 412.3

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 min.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Myocardial Infarction — 10 years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Cardiogenic Shock — 2 day.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 24 19 70 to Sep 12 19 70 that (I) (we) last saw the deceased alive on Sep 12 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tohru Ohe MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Sep. 12, 70
23C. PHYSICIAN'S NAME (Type): Tohru OHE MD DEGREE
23D. ADDRESS: The Union Memorial Hosp.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-16-70
24C. NAME of CEMETERY or CREMATORY: MORELAND Pk
24D. LOCATION (City, town, or county) (State): PARKVILLE BALTO Co Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Frank H. Leitz — ADDRESS: 814 W 36th St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. B-420 70 9145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9145

1. NAME OF DECEASED (Type or Print): RAYMOND S. BLAKE, SR.

2. DATE AND HOUR OF DEATH: Sept. 14, 1970. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5012 Walther Blvd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 27-43
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5012 Walther Blvd.

5. SEX: Male 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: May 17, 1914. 9. AGE (In years last birthday): 56 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor 10B. KIND OF BUSINESS OR INDUSTRY: Gas & Elect. Co.
11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George H. Blake
14. MOTHER'S MAIDEN NAME: Blanche Webster
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-05-5290
17. INFORMANT: Mrs. Doris Blake ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive metastases left chest involving aorta & vertebral column — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Feb 1970

DUE TO, OR AS A CONSEQUENCE OF:

(B) Myxosarcoma right thigh — NOV 1965

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 5 Nov 19 65 to present 19 ___ that (I) (~~we~~) last saw the deceased alive on 3 Sept 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Arthur G. Siwinski MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 14 Sept 1970
23C. PHYSICIAN'S NAME (Type): Arthur G. Siwinski M.D DEGREE
23D. ADDRESS: 836 Park Ave Balto. Md 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/17/70
24C. NAME of CEMETERY or CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Buck, Inc. ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

1

70 9146

R-251

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9146

1. NAME OF DECEASED (Type or Print): George Rosenblatt

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 9 Day 13 Year 70 Hour 12:45 P.M.

3. DATE PRONOUNCED DEAD: Month 9 Day 13 Year 70 Hour 12:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4714 Moravia Road

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-42
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 4714 Moravia Road

6. SEX: male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Dec 28, 1896

10. AGE (In years last birthday): 73

If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Estonia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Juri Rosenblatt

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Tool & Die Maker

14B. KIND OF BUSINESS OR INDUSTRY: Maker

15. MOTHER'S MAIDEN NAME: Anna ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 153-01-4982

18. INFORMANT: Mr August A Kuklane
ADDRESS: Same

MEDICAL CERTIFICATION

19. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

DATE SIGNED: 9/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/17/70

24C. NAME of CEMETERY or CREMATORY: Moreland Mem Pk

24D. LOCATION (City, town, or county) (State): Balti ore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: Robert E. Tuber, M.D.

25C. FUNERAL DIRECTOR: Leonard J Ruck Inc.
ADDRESS: Balto. Md

VS 151-REV. 7/1/68

E-4201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9147

BIRTH NO. 70 9147

1. NAME OF DECEASED (Type or Print) William Wm. Howard Ellis Jr.

2. DATE AND HOUR OF DEATH 9-11-70 11.02 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD. B. COUNTY 15-03

C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER 1628 Moreland Ave

5. SEX M 6. RACE C 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 6-27-03 9. AGE (In years last birthday) 67

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) PA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm. Howard Ellis Sr.

14. MOTHER'S MAIDEN NAME Elizabeth Hargrove

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 101-05-3085A

17. INFORMANT Mattie Ellis ADDRESS 1628 Moreland Ave.

MEDICAL CERTIFICATION

18. 153.8 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE Carcinoma of the Colon

DUE TO, OR AS A CONSEQUENCE OF: c Metastasis

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 10 1970 to Sep 11 1970 that (I) (we) last saw the deceased alive on Sept 11 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE [signature] DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED Sept 11, 70

23C. PHYSICIAN'S NAME (Type) SUNAN VONGKASEMSIRI DEGREE

23D. ADDRESS 730 BATTERTON ST MD 21216

24A. BURIAL CREMATION, REMOVAL (Specify) Removal

24B. DATE 9/15/70

24C. NAME of CEMETERY or CREMATORY Allegheny

24D. LOCATION (City, town, or county) Pittsburgh (State) PA.

25A. DATE REC'D BY HEALTH DEPT. SEP 16 1970

25B. NAME OF REGISTRAR Robert E. Jeffery, M.D.

25C. FUNERAL DIRECTOR Phillips Funeral Home ADDRESS 1727 N. Monroe St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-325 70 9148

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9148

1. NAME OF DECEASED (Type or Print): Herbert Watson

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 9 Day 14 Year 70 Hour 7:23 a.m.

3. DATE PRONOUNCED DEAD: Month 9 Day 14 Year 70 Hour 7:23 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3142 Baker Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 16-07
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3142 Baker St.

6. SEX: male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 11/1/20

10. AGE (In years last birthday): 49
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Mullins South Carolina

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Nelson Watson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Lou

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): W W 2

17. SOCIAL SECURITY NO.:

18. INFORMANT: Mrs Susan Wicks, Routel, POBox172A
ADDRESS: Shannon NC

MEDICAL CERTIFICATION

19. 571.8

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Fatty metamorphosis of liver

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
DATE SIGNED: 9/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/18/70

24C. NAME of CEMETERY or CREMATORY: National Cemetry

24D. LOCATION (City, town, or county) (State): Baltimore M

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: Robert E. Tayber, M.D.

25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W north Ave

VS 151-REV. 7/1/68

1

70 9149

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70-15846 7-430 REG. NO. 70 9149

44/99

1. NAME OF DECEASED (Type or Print) JAMES FLOYD	2. DATE OF DEATH Known [X] Estimated [ ] Month 9-15-70 Day Year Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital (DOA)	3. DATE PRONOUNCED DEAD Month 9 Day 15 Year 1970 Hour 7:30 A. M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 27-10
6. SEX Male / 7. RACE Negro / 8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	C. CITY OR TOWN Baltimore / D. INSIDE CITY LIMITS? YES [X] NO [ ]
9. DATE OF BIRTH 8/29/70 / 10. AGE (In years last birthday) / If Under 1 Yr. Months 17 Days Hours Min.	E. STREET AND NUMBER 48 Alhambra Avenue
11. BIRTHPLACE (State or foreign country) Baltimore Md / 12. CITIZEN OF WHAT COUNTRY? U S A	13. FATHER'S NAME James R Floyd
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant / 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME Joyce Perry
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) / 17. SOCIAL SECURITY NO.	18. INFORMANT Mrs Joyce P Floyd, ADDRESS same

MEDICAL CERTIFICATION

19. E988 X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Subdural hematoma

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) ?
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) ? m.	22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	22F. HOW DID INJURY OCCUR? ?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [X]

ACTUAL SIGNATURE [signature] M.D.

EXAMINER'S NAME (Type) Werner U. Spitz, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED September 15, 1970

24A. BURIAL CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/17/70	24C. NAME of CEMETERY or CREMATORY Mt Auburn Cemetry	24D. LOCATION (City, town, or county) (State) Baltimore Md
25A. DATE REC'D BY HEALTH DEPT. SEP 16 1970	25B. NAME OF REGISTRAR Robert E. Jakes, M.D.	25C. FUNERAL DIRECTOR Adolphus Halstead	ADDRESS 1206 W North

VS 151-REV. 1/1/68

5E

4808 Alhambra Ave.

CT

BIRTH NO. K-500 70 9150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9150

1. NAME OF DECEASED (Type or Print): KEENE, Louise

2. DATE AND HOUR OF DEATH: 9-4-70 2:10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 9-08
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1256 E. North Avenue 21213

5. SEX: Female
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5/10/98
9. AGE (In years last birthday): 72
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Derry
14. MOTHER'S MAIDEN NAME: ✓
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 213-10-8994
17. INFORMANT: Family
ADDRESS: 1256 E. North Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 9820
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ACUTE RENAL FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(B) MULTIPLE CARDIAC ARRESTS — 12 hrs
DUE TO, OR AS A CONSEQUENCE OF:
(C) KLEBSIELLA PNUEMONIA — 14 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-1 19 70 to 9-4 19 70 that (I) (we) last saw the deceased alive on 9-4 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: B. A. Reitz MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-4-70
23C. PHYSICIAN'S NAME (Type): B. A. Reitz, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/16/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): Balto, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Fisher M.D.
25C. FUNERAL DIRECTOR: Robert E. McWilliams
ADDRESS: 1721 N. Bond St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4 Copies

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. D-553

M.E. CASE NO. 70 9151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 9151

1. NAME OF DECEASED (Type or Print): JEANNETTE DIAMOND

2. DATE AND HOUR OF DEATH: 9-11-70 | 10 15 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE 14-03
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 1909 McCULLOH

5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
F	N	SINGLE	~~UNKNOWN~~ 1/1/02	~~68~~ 68				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LAUNDRY WORKER	LAUNDRY	UNKNOWN	U.S.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 217-201-6528

17. INFORMANT: HOSPITAL CHART ADDRESS:

MEDICAL CERTIFICATION

18. 4339 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) ~~DECEREBRATION~~ Cerebral edema
DUE TO
(B) ~~DUE~~ ~~RESUSCITATION~~ Cerebral infarct
DUE TO
(C) ~~CARDIAC~~ ~~ARREST~~ — 1 mos

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: No

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8-14 1970 to 9-11 1970, that (I) ~~(we)~~ last saw the deceased alive on 9-11 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: William Quesenberry M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9-11-70

23C. PHYSICIAN'S NAME (Type): WILLIAM QUESENBERRY M.D.

23D. ADDRESS: MARYLAND GENERAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
BURIAL	9/16/70	Arbutus Memorial Park	Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: J. B. Jerkins ADDRESS: Baltimore Md

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. N-655 70 9152

REG. NO. 70 9152

1. NAME OF DECEASED (Type or Print): NORMAN, Martha

2. DATE AND HOUR OF DEATH: Sept. 5, 1970 12:30 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nursing & Convalescent Ctr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Baltimore 16-06

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2801 Rayner Avenue

5. SEX: F

6. RACE: N

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 5-12-03

9. AGE (In years last birthday): 67

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Norman

14. MOTHER'S MAIDEN NAME: Kate McQuillan

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 215-14-8211

17. INFORMANT: Kate Cayton ADDRESS: 3304 Gwynn Fall Pkwy Balt. Md.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.4 & 250.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Hemiplegia CVA

DUE TO, OR AS A CONSEQUENCE OF:

(B) Gen ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus ?

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-4-70 19 to 9-5-70, that (I) (we) last saw the deceased alive on 9-4-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theodore T. Niznik DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9-6-70

23C. PHYSICIAN'S NAME (Type): T. T. NIZNIK DEGREE

23D. ADDRESS: 729 S Charles St 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/9/70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: Robert E. Farley M.D.

25C. FUNERAL DIRECTOR: J. B. Johnson ADDRESS: 1900 Eutaw Pl. Balt. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

V-620 70 9153

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9153

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Voorhees, Jeannette V.M.

2. DATE AND HOUR OF DEATH: 9/13/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Univ of Maryland Hospital, Green St Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 103 Mallow Hill Rd B'more 28-54
C. CITY OR TOWN: B'more
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 103 Mallow Hill Road

5. SEX: F
6. RACE: Caucc
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 9/28/01
9. AGE (In years last birthday): 68
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): wife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): N.J.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Julius E. Fentzlaff
14. MOTHER'S MAIDEN NAME: Ella Von Middlewitt
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Ernest Fentzlaff, ADDRESS: Cheshire, Conn. 06410, 1160 Wolfhill Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Prob Pulmonary embolus — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hr

DUE TO, OR AS A CONSEQUENCE OF:

(B) Post op AP Resection (Colectomy) — 2½ wks

DUE TO, OR AS A CONSEQUENCE OF:

(C) Carcinoma Colon — 1-6mo-1 Yr

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Ulcerative Colitis — 30 Y

19A. DATE OF OPERATION: 8/26/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Carcinoma Colon
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/24 1970 to 9/13 1970 that (I) (we) last saw the deceased alive on 9/13/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James Hey MD — DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/13/70
23C. PHYSICIAN'S NAME (Type): James Hey, M. D. — DEGREE
23D. ADDRESS: University of Maryland Hospital, Balto, Md.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: Rosedale
24D. LOCATION (City, town, or county) (State): Rosedale, N.J.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Tabler, M.D.
25C. FUNERAL DIRECTOR: Witzke, ADDRESS: 1630 Edmondson Ave., 21228

VS 150-REV. 1/1/68

BIRTH NO. (4D) -652 70 9154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9154

1. NAME OF DECEASED (Type or Print): ANN F. DRUMHEISER

2. DATE AND HOUR OF DEATH: 9/13/70 2/15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 40
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL, CATON & WILKENS AVENUE, BALTIMORE, MARYLAND 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto Co 53-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 937 Circle Drive

5. SEX: Female
6. RACE: Caucasian
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-18-17
9. AGE (In years last birthday): 52
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Variotype Operator
10B. KIND OF BUSINESS OR INDUSTRY: American Oil Co.
11. BIRTHPLACE (State or foreign country): Dunmore, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Late ---- Wargo
14. MOTHER'S MAIDEN NAME: --

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 150-03-2307
17. INFORMANT: Mr. Laurant Drumheiser, 937 Circle Dr., Balto., ADDRESS Md. 21227

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	PULMONARY HEMORRHAGE	8 hours
DUE TO, OR AS A CONSEQUENCE OF: (B)	AGRANULOCYTOSIS	3 days
DUE TO, OR AS A CONSEQUENCE OF: (C)	TAPAZOLE TOXICITY	3 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A)

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): unk
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): unk
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): unk
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? unk

22. I certify that (I) (this hospital) attended the deceased from 19 65 to 9/13 19 70 that (I) (we) last saw the deceased alive on 9/13 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Irwin H Moll, MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/13/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: Holy Family Cemetery
24D. LOCATION (City, town, or county) (State): Throop, Pennsylvania

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Witzke, ADDRESS 1630 Edmondson Av., Catonsville, Balto., Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

10/9/70 - Tapazole Toxicity - Drug
given for a pseudomanus
infection probably due to Cholecystitis
Information received via phone
from Werner Spitz, M.D - Med. Exam
qc

S-532 70 9155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

70 9155

BIRTH NO. | REG. NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Margaret Sands

2. DATE AND HOUR OF DEATH: 9-15-70 | 3:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Baltimore Co 53-00
C. CITY OR TOWN: Catonsville D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 311 Whitfield Road

5. SEX: Female 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9/22/18 9. AGE (In years last birthday): 51 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Broker
10B. KIND OF BUSINESS OR INDUSTRY: Leonhart & Co
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard L. Sands
14. MOTHER'S MAIDEN NAME: Alice D.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service) D-423 3-70 X
16. SOCIAL SECURITY NO.: 213-14-8750
17. INFORMANT: Mr. Frank Sands, 209 Osborne Road 21228 — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ~~Coma~~ Acute Hepatic Necrosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

DUE TO, OR AS A CONSEQUENCE OF:

(B) UNKNOWN ETIOLOGY

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 8/28/70 + 9/1/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 1) HYSTERECTOMY + 2) CLOSURE OF DEHISSANCE
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 27 1970 to Sept. 15 1970 that (I) (we) last saw the deceased alive on 15 Sept 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: James A Quinlan Jr DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 15 Sept 70.
23C. PHYSICIAN'S (NAME (Type)): JAMES A. QUINLAN, JR DEGREE
23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: St. Margarets Cemetery
24D. LOCATION (City, town, or county) (State): Montgomery, Alabama

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Bitzke, 1630 Edmondson Ave., 21228 — ADDRESS

VS 150-REV. 1/1/68

BIRTH NO. D-423 70 9156

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 9156

CERTIFICATE AMENDED 9-24-70

1. NAME OF DECEASED (Type or Print): WILLIAM R. DE LAUGHTER

2. DATE AND HOUR OF DEATH: 9/14/70 11 55 P.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND — FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GEN'L HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: MARYLAND B. COUNTY: BALTIMORE

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Catonsville

D. STREET ADDRESS (If rural, give location): 6116 BURNTOAK RD. 5300

5. SEX	6. RACE	7. MARITAL STATUS (Married, Never Married, Widowed, Divorced)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months / Days	If Under 24 Hrs. Hours / Min.
MALE	WHITE	MARRIED	8/30/16	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
VICE PRES.	CONSTRUCTION	VIRGINIA	U.S.A.

13. FATHER'S NAME: WILLIAM DELAUGHTER

14. MOTHER'S MAIDEN NAME: VIRGIE LAMB (Lam)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 223-14-0406

17. INFORMANT: Mrs. W. Rudolph DeLaughter, 6116 Burnt Oak Rd ADDRESS 21228

MEDICAL CERTIFICATION

18. 540.01

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary congestion - Severe

DUE TO

(B) Duodenal + Gastric ulcers

DUE TO

(C) Appendicitis

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. RENAL FAILURE Peritonitis

19A. DATE OF OPERATION: 8/29/70 (1) 9/1/70 (2) 9/6/70 (3) 9/11/70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: (1) APPENDICITIS (2) BOWEL OBSTR. (3) WOUND DEHISCENCE

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ~~9/1~~ 8-23- 1970 to 9/14 1970, that (I) (we) last saw the deceased alive on 9/14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Neil M. Keats M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/14/70

23C. PHYSICIAN'S NAME (Type): N Neil M. Keats M.D.

23D. ADDRESS: Maryland General Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	9/18/70	Lorraine Park Mausoleum	Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
SEP 16 1970	Robert E. Farber, M.D.	Witzke,	1630 Edmondson Ave., 21228

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Letter from Md. Gen'l. Hosp.
9-24-78 M.H

BIRTH NO. Q-525 70 9157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9157

1. NAME OF DECEASED (Type or Print): Walter H. Quensen

2. DATE AND HOUR OF DEATH: September 14, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 513 Charing Cross Road, Baltimore, Maryland 21229

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 28-54
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 513 Charing Cross Road (21229)

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Apr. 3, 1896
9. AGE (In years last birthday): 74
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frederick Quensen
14. MOTHER'S MAIDEN NAME: Minnie --
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): WW I
(If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 217-09-1434
17. INFORMANT: Miss Nettie M. Elliott, 513 Charing Cross Rd.
ADDRESS: Balto., Md. 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute myocardial infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day

DUE TO, OR AS A CONSEQUENCE OF:

(B) Emphysema — 1968

(C) Interstitial fibrosis — 1968

(D) Arteriosclerotic Heart Dis. — 1968

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from Jan 1, 1965 19 ___ to September 14 19 70 that (I) (we) last saw the deceased alive on Sept 14, 1970 19 ___ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (WE) (did) (did not) view the body after death.

23A. SIGNATURE: Milton E. Lowman DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/15/70
23C. PHYSICIAN'S NAME (Type): Dr. Milton E. Lowman DEGREE
23D. ADDRESS: 1401 Reisterstown Road, Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/17/70
24C. NAME of CEMETERY or CREMATORY: Lorraine Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Witzke, 1630 Edmondson Ave., Catonsville, Md.
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-400

BIRTH NO. 70 9158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9158

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): HALL MARY

2. DATE AND HOUR OF DEATH: 9/15/70 12.01 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND. B. COUNTY: 27-17
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2714 UHLER AVE. 21215.

5. SEX: F
6. RACE: C.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 2/25/1896
9. AGE (In years last birthday): 74.
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Pvt. Family
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Hall
14. MOTHER'S MAIDEN NAME: Charity Promise

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-58-5798
17. INFORMANT: James M. Hall ADDRESS: 2714 Uhler Avenue

MEDICAL CERTIFICATION

18. 412.4 CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBROVASCULAR ACCIDENT. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days.
DUE TO, OR AS A CONSEQUENCE OF:

(B) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/14 1970 to 9/15 1970 that (I) (we) last saw the deceased alive on 9/15 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/15/70
23C. PHYSICIAN'S NAME (Type): ANDREAS A. PETSAS M.D. DEGREE
23D. ADDRESS: SINAI HOSPITAL OF BALTIMORE.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/1970
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore County Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Jabez E. Jabez, M.D.
25C. FUNERAL DIRECTOR: SUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AVE

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-520 70 9159 REG. NO. 70 9159

1. NAME OF DECEASED (Type or Print): SIMMS, CAROLYN, SANDRA

2. DATE AND HOUR OF DEATH: 9-12-70 | 4:30 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital 730 Ashburton St Baltimore, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Hanover Co 63-00

C. CITY OR TOWN: Hanover, Md D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: Box 125 Matthewtown Rd.

5. SEX: Female 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 8-28-47 9. AGE (In years last birthday): 23 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10B. KIND OF BUSINESS OR INDUSTRY: Bryn Mawr College

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marion Simms

14. MOTHER'S MAIDEN NAME: Williams, (LaVerne)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-52-1933

17. INFORMANT: Marion Simms ADDRESS: Box 125 Matthewtown Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 days.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-8 1970 to 9-12 1970 that (I) (we) last saw the deceased alive on 9-12 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-12-70

23C. PHYSICIAN'S NAME (Type): PRAGNA DESAI DEGREE

23D. ADDRESS: Lutheran Hospital of Maryland 730, Ashburton Street Baltimore.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/15/1970

24C. NAME of CEMETERY or CREMATORY: St. Rest Cemetery

24D. LOCATION (City, town, or county) (State): Hanover Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: Robert E. Faherty

25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AVE.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. V-500 70 9160 REG. NO. 70 9160

1. NAME OF DECEASED (Type or Print): Wilmer Van

2. DATE AND HOUR OF DEATH: 9-14-70 8:45 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt. Sinai Nursing Home 4613 Park Heights Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 8-08

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1018 Lamont AVE

5. SEX: M 6. RACE: Black 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3-5-91 9. AGE (In years last birthday): 79 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER 10B. KIND OF BUSINESS OR INDUSTRY: BETHLEHEM Steel 11. BIRTHPLACE (State or foreign country): N.C 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? 14. MOTHER'S MAIDEN NAME: ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT: ANN ARNOLD 1018 LAMONT AVE ADDRESS

MEDICAL CERTIFICATION

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute myocardial Infarction — 1 day

DUE TO, OR AS A CONSEQUENCE OF: arteriosclerotic Heart disease — 4 years

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Arthritis fever — 2 years

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this ~~hos~~pital) attended the deceased from July 28 1970 to Sept 14 1970, that (I) (~~we~~) last saw the deceased alive on Sept 14 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Manuel Levin DEGREE Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 9/14/70

23C. PHYSICIAN'S NAME (Type): MANUEL LEVIN MD DEGREE 23D. ADDRESS: 6101 PARK HGTS AVE, BALTO MD 21215

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/18/70 24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cem. 24D. LOCATION (City, town, or county) (State): A.A. County, Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970 25B. NAME OF REGISTRAR: Robert E. Tabel, M.D. 25C. FUNERAL DIRECTOR: Joseph J. Rocks Jr. ADDRESS: 1304 N Central Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-300 70 9161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9161

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HAYWOOD, Dorothy

2. DATE AND HOUR OF DEATH: 9/13/70 | 8:00 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 27-39

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4603 Northwood Drive

5. SEX: Female

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 8/13/23

9. AGE (In years last birthday): 47

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY: Balto Overall Co

11. BIRTHPLACE (State or foreign country): MANNING. S.C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jake Weatherspoon

14. MOTHER'S MAIDEN NAME: Annie Washington

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Jack Haywood ADDRESS: 4603 Northwood DRIVE

MEDICAL CERTIFICATION

18. 400.3 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: uremia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ~1 1/2 years

DUE TO, OR AS A CONSEQUENCE OF:

(B) hypertension, malignant — ~5 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/4 19 70 to 9/13 19 70 that (I) (we) last saw the deceased alive on 9/13 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gerald Jay Elfenbein MD DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/13/70

23C. PHYSICIAN'S NAME (Type): Gerald Jay Elfenbein DEGREE

23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/17/70

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary

24D. LOCATION (City, town, or county) (State): Q. A. County, Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: Robert E. Norberg, M.D.

25C. FUNERAL DIRECTOR: Joseph B. Locks Jr. ADDRESS: 1304 N. Central Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-651 70 9162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9162

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Elizabeth Granofsky

2. DATE AND HOUR OF DEATH: September 14, 1970 10:15 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1410 Decatur St. Baltimore, Md. 21230

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 24-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1410 Decatur St.

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2/10/87
9. AGE (In years last birthday): 83
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed
10B. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Wiener
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 214-56-6284
17. INFORMANT: Nicholas J. Granofsky
ADDRESS: 1410 Decatur St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Tongue — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO, OR AS A CONSEQUENCE OF:

(B) with Metastases

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Generalized Arteriosclerosis — 5 yr.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Jan. 1969 to Sept. 14 1970, that (I) (we) last saw the deceased alive on 9-14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: A. C. Sollod MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-15-70
23C. PHYSICIAN'S NAME (Type): A. C. SOLLOD MD DEGREE
23D. ADDRESS: 707 E. FORT AVE. BALTO., MD 21230

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/17/70
24C. NAME of CEMETERY or CREMATORY: Holy Cross Cemetery
24D. LOCATION (City, town, or county) (State): Anne Arundel, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Talbot, M.D.
25C. FUNERAL DIRECTOR: Charles L. Stevens Funeral Home, Inc.
ADDRESS: 1501 East Fort Avenue

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

G-350 70 9163

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9163

1. NAME OF DECEASED (Type or Print): Curtis Goodwyn

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 10 Year 70 Hour 3:45 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 17-02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 457 Manse Ct.

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: March 6, 1936
10. AGE (In years last birthday): 34
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Marvin S. Goodwyn

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Work
14B. KIND OF BUSINESS OR INDUSTRY: Ames-Emmis Con.Co.
15. MOTHER'S MAIDEN NAME: Marie McCray

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 217-30-5090
18. INFORMANT: Marie Goodwyn ADDRESS: 1360 E. Fayette St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple injuries
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): construction site
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1102 Druid Hill Ave.

22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 10 (Year) 70 (Hour) 3:30 p m.
22E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR? fall from height

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 9/11/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/15/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Kenneth H. Law ADDRESS: 4609, Park Heights Ave.

VS 151-REV. 3/1/68

T-5251

70 9164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 489 705

BIRTH NO.

1. NAME OF DECEASED (Type or Print): TOWNSEND JAMES E.

2. DATE AND HOUR OF DEATH: Sept 13, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE Belnedine Ave at Greenspring

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Virginia
B. COUNTY: V-43
C. CITY OR TOWN: Richmond
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1125 N. 33rd St.

5. SEX: M
6. RACE: B
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [✓]
8. DATE OF BIRTH: 5/4/15
9. AGE (In years last birthday): 55
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Disabled
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNK.
14. MOTHER'S MAIDEN NAME: Florence

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Dorothy Green
ADDRESS: 515 N. 27th St. Richmond Va.

MEDICAL CERTIFICATION

18. 347.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: respiratory arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) accelerated hypertension
DUE TO, OR AS A CONSEQUENCE OF:
(C) brain damage

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9-6/70 to 9-13/70. 8 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-6-70 19 70 to 9-13 19 70 that (I) (we) last saw the deceased alive on 9-13 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9-13-70
23C. PHYSICIAN'S NAME (Type): FAN LINDA DEGREE
23D. ADDRESS: SINAI Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-17-70
24C. NAME of CEMETERY or CREMATORY: Family Cem.
24D. LOCATION (City, town, or county) (State): Richmond, VA.

25A. DATE REC'D BY HEALTH DEPT. SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Taylor M.D.
25C. FUNERAL DIRECTOR: Morton & Dutt
ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-530 1
D-120

70 9165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 9165

REG. NO.

1. NAME OF DECEASED (Type or Print): HELEN B. SMITH (DAVIS)

2. DATE AND HOUR OF DEATH: Sept. 14, 1970 | 8:05 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-08
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3709 Woodridge Rd. 21223

5. SEX: F
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: 7-12-25
9. AGE (In years last birthday): 45 yrs
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-Manager
10B. KIND OF BUSINESS OR INDUSTRY: S. R. Inc.
11. BIRTHPLACE (State or foreign country): Maryland, Balto.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rothe S. Smith
14. MOTHER'S MAIDEN NAME: Harriet A. Sommerville

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: James R. Smith
ADDRESS: 2313 Montebello Rd. #16

MEDICAL CERTIFICATION

18. 162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Ca of lung c̄ metastasis to
DUE TO, OR AS A CONSEQUENCE OF: the liver & peritoneum

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-5 19 70 to 9-14 19 70 that (I) (we) last saw the deceased alive on 9-14-70 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Virginia F. Mercado, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9-14-70
23C. PHYSICIAN'S NAME (Type): VIRGINIA F. MERCADO, M.D. DEGREE
23D. ADDRESS: South Baltimore General Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-18-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Fauber, M.D.
25C. FUNERAL DIRECTOR: Norton & Dysett Fun. Hm.
ADDRESS: 1701 Lanvale St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

m-624

70 9166

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9166

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lydia Marciell

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: 9 Day: 13 Year: 70 Hour: 8:50 P.M.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 13 Year: 70 Hour: 8:50 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 Lutheran Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15-31
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 374 Forest Park Avenue

6. SEX: F
7. RACE: C
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. DATE OF BIRTH: 11-28-1901
10. AGE (In years last birthday): 68
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benjamin Hutton
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: Home
15. MOTHER'S MAIDEN NAME: Elizabeth Hutton
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Lottie Randall ADDRESS: 3711 Forest Park Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardio-
DUE TO, OR AS A CONSEQUENCE OF: vascular disease

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): NO

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
Deputy CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/15/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-18-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151-REV. 7/1/68

70 0 8 1 5 1

5E
Hospital gave address as
3711 Forest Park Ave.
CT

RELEASED AS NON-MED BY M.E. OFFICE 9/14/70

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Hopson, Thomas 39 77 91

70 9167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9167

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HOPSON, Thomas Edward

2. DATE AND HOUR OF DEATH: 9/13/70 8:35 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 9-08
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1921 N. Aisquith Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/27/05
9. AGE (In years last birthday): 65
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crewe, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathaniel Hopson
14. MOTHER'S MAIDEN NAME: Pattie Singleton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 10/24/42 2/17/45
16. SOCIAL SECURITY NO.: 220-09-5180
17. INFORMANT: Mrs. Rosetta Hopson
ADDRESS: 1921 Aisquith Street

MEDICAL CERTIFICATION

18. 412.4

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIO-RESPIRATORY ARREST
DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/13 19 70 to 9/13 19 70 that (I) (we) last saw the deceased alive on 9/13 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Anthony Jackson DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/13/70
23C. PHYSICIAN'S NAME (Type): Anthony Jackson, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-17-70
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens Street

VS 150-REV. 1/1/68

F-655 1

70 9168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9168

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ELEANOR FREEMAN

2. DATE AND HOUR OF DEATH: 9/14/70 9:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 20-02

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 30 N. Bentalou Street

5. SEX: Female

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 3/01/24

9. AGE (In years last birthday): 46

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Amelia Co., Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Woodley

14. MOTHER'S MAIDEN NAME: Mattie Johnson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Janie Satterfield ADDRESS: 30 N. Bentalou St.

CAUSE OF DEATH

18. 199.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: METASTATIC CARCINOMA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mo

DUE TO, OR AS A CONSEQUENCE OF:

(B) PRIMARY CARCINOMA - ETIOLOGY UNKNOWN — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). UREMIA, ASCVD — yes

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/14/70 5 PM 19 to 9:30 PM 9/14 1970 that (I) (we) last saw the deceased alive on 9/14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael H. Merson DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/14

23C. PHYSICIAN'S NAME (Type): Michael H. Merson, M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-18-70

24C. NAME of CEMETERY or CREMATORY: Western Star Cemetery

24D. LOCATION (City, town, or county) (State): Catonsville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: Paul E. Talbert, M.D.

25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-5501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 9169 Registered No. 70 9169

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): ROSE LEMON

2. DATE AND HOUR OF DEATH: Sept. 14, 1970 | 3 30 P M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 1013 Hollins St, Baltimore, Md 21223
C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore 18-03
D. STREET ADDRESS (If rural, give location): 1013 Hollins st,

5. SEX: female
6. RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
8. DATE OF BIRTH: 01-15-06
9. AGE (In years last birthday): 64
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sumter S.C
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Perris Gavis
14. MOTHER'S MAIDEN NAME: Emiline Nelson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Thomas Davis ADDRESS: 2936 Edgecomb North Circle

MEDICAL CERTIFICATION

18. 395.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) aortic stenosis insufficiency — 7 years
DUE TO
(B) acute renal failure — 7 days
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertension

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes, partial
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 7 1970 to Sept 14 1970, that (I) (we) last saw the deceased alive on Sept 14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Jae H. Hong M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Sept, 14, 1970
23C. PHYSICIAN'S NAME (Type): JAE H. HONG M.D.
23D. ADDRESS: Maryland General Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): Shipped
24B. DATE: 9/17/70
24C. NAME of CEMETERY or CREMATORY: Bethlehem Bapt. Cem.
24D. LOCATION (City, town, or county) (State): Sumter S.C.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Jones M.D.
25C. FUNERAL DIRECTOR: Williams Funeral Home ADDRESS: 3199 Schroeder St

VS 150-REV. 1/1/69

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-2361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70-16328 70 9170 REG. NO. 70 9170

1. NAME OF DECEASED (Type or Print): BABY GIRL SCHOUSTER.

2. DATE AND HOUR OF DEATH: 9/15/70 7.20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hosp. 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 20-05
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 423 East Lynn Ave.

5. SEX: F
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-13-70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: 2 Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: THOMAS J. Schouster
14. MOTHER'S MAIDEN NAME: Patricia A. KNAPP
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Thomas J. Schouster ADDRESS: 423 E. Lynn Ave Balto. Md.

MEDICAL CERTIFICATION

18. 7456 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hypogenesis of the Lungs — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Prematurity — 36 hrs.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/14 1970 to 9/15 1970 that (I) (we) last saw the deceased alive on 9/15 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mayuree Khongcharoensuk, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/15/70
23C. PHYSICIAN'S NAME (Type): MAYUREE KHONGCHAROENSUK M.D. DEGREE
23D. ADDRESS: South Baltimore General Hosp. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-16-70
24C. NAME of CEMETERY or CREMATORY: LAKEVIEW MEM PK.
24D. LOCATION (City, town, or county) (State): BALTO. CO. MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: [illegible], M.D.
25C. FUNERAL DIRECTOR: GEO. L. SCHWAB INC. ADDRESS: FRED. AVE.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-6521

THE BODY OF RICHARD CARRINGTON HAS BEEN RELEASED ON APPROVAL BY DR SPITZ OF THE **FUNERAL DIRECTORS IMPORTANT**

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

70 9171

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70-9171

1. NAME OF DECEASED (Type or Print): RICHARD CARRINGTON

2. DATE AND HOUR OF DEATH: 9/12/70 5 15 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE CITY 8-06
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1820 N. CASTLE ST.

5. SEX: M
6. RACE: N
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-8-19
9. AGE (In years last birthday): 51
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retire
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): San antonio Texas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Un Known
14. MOTHER'S MAIDEN NAME: Un Known

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Rose E. Carrington ADDRESS: 1830 N. Castle St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

E946X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	SEPSIS	48 hrs
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	MULTIPLE ABSCESSES	2 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	PARAPLEGIA	20 MONTHS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 8/28/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: GANGRENOUS LOWER EXTREMITIES
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1820 N. Castle St 8-06
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): JAN 6, 1969 ?
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☒
21F. HOW DID INJURY OCCUR? GSW TO SPINE

22. I certify that (I) (this hospital) attended the deceased from JULY 27 19 70 to SEPTEMBER 12 19 70 that (I) (we) last saw the deceased alive on SEPTEMBER 12 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Philip Rosenbloom M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-12-70
23C. PHYSICIAN'S NAME (Type): PHILIP ROSENBLOOM M.D. DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-17-70
24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cem
24D. LOCATION (City, town, or county): U.A. Co (State): Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Raymer Sanders ADDRESS: 217 E. Preston St

VS 150-REV. 1/1/68

m-6401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9172

70 9172

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Harrison Merrill, Jr.

2. DATE AND HOUR OF DEATH: Sept. 14, 1970 10:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

US Public Health Service Hospital
3100 Wyman Parkway

2X

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.
B. COUNTY: Balto Co 53-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 457 Range Rd.

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/10/02
9. AGE (In years last birthday): 67
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired (Col)
10B. KIND OF BUSINESS OR INDUSTRY: US Army
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Merrill
14. MOTHER'S MAIDEN NAME: Eva Brittingham

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 1925-1962
16. SOCIAL SECURITY NO.: 212-30-8836
17. INFORMANT: Records- US PHS Hospital, Balto, Md.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

188X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary edema — Hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) Uremia — Months

DUE TO, OR AS A CONSEQUENCE OF:

(C) Pyelonephritis — Months

Carcinoma of bladder — Months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 10 19 70 to Sept. 14 19 70, that (I) (we) last saw the deceased alive on Sept. 14 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Samuel P. Ward M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/15/70
23C. PHYSICIAN'S NAME (Type): Samuel P. Ward, Surg (R) DEGREE
23D. ADDRESS: US PHS Hospital, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/17/70
24C. NAME of CEMETERY or CREMATORY: Arlington National
24D. LOCATION (City, town, or county) (State): Arlington, Va.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Virginia Z. Gelsinger
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co.
ADDRESS: 4905 York Rd. Balto., Md. 21212

0157

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

RGB

VS 150-REV. 1/1/68

1

Y-260

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. 70 9173 REG. NO. 70 9173

1. NAME OF DECEASED (Type or Print): Robert E. Yeager

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 9 Day 13 Year 70 Hour 8:40 a.m.

3. DATE PRONOUNCED DEAD: Month 9 Day 13 Year 70 Hour 8:40 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. Maryland B. COUNTY: 2-03

6. SEX: male

7. RACE: White

8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: Nov. 10, 1927

10. AGE (In years last birthday): 42

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1719 Aliceanna St.

11. BIRTHPLACE (State or foreign country): Puyallup, Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frances Yeager

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintaince

14B. KIND OF BUSINESS OR INDUSTRY: Frank Bohager

15. MOTHER'S MAIDEN NAME: Bell E. Euochs

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): 10-6-42 3-23-45

17. SOCIAL SECURITY NO.: 533-26-6776

18. INFORMANT: Mrs Virginia Yeager ADDRESS: 1719 Aliceanna St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E965.X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Gunshot wound of abdomen

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): W Wolf and Aliceanna St. 2-03

22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 12 (Year) 70 (Hour) ? m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Subject shot in abdomen

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: Peter Lipkovic M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

DATE SIGNED: 9/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-17-1970

24C. NAME of CEMETERY or CREMATORY: Crest Lawn Garden

24D. LOCATION (City, town, or county) (State): Howard County, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: Robert E. Lackey M.D.

25C. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 1901-07 Eastern Ave.

VS 151-REV. 7/1/68

N8 7917 0 0 0 0 8 1 5 8

M-3001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 9174 REG. NO. 70 9174

1. NAME OF DECEASED (Type or Print): MOODY, Sinclair

2. DATE AND HOUR OF DEATH: 14 Sep 70 | 10:00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Key Circle Hospice 1214 Eutaw Pl. Balto. Md. 21219

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 7-04
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 928 N. Durham St.

5. SEX: Male 6. RACE: Colored 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH: 9/18/79 9. AGE (In years last birthday): 91 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed-Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Essex Moody
14. MOTHER'S MAIDEN NAME: Eliza ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 156-16-8554
17. INFORMANT: Lucille Haile ADDRESS: 928 N. Durham St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 427.01
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: CHF — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hr
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Parkinsonism

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Jan 15 1970 to Sep 14 1970 that (I) (we) last saw the deceased alive on Sep 14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J Hulla MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): J. Hulla M.D. DEGREE
23D. ADDRESS: 2214 Etaw Pl 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/17/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Westport, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Elliott Funeral ADDRESS: 1129 N Carolina St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-652 70 9175

REG. NO. 70 9175

1. NAME OF DECEASED (Type or Print): CORNISH, BESSIE

2. DATE AND HOUR OF DEATH: 9/14/70 12 25 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIV. OF MARYLAND 22. S. GREENE ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE 17-03
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1122 MYRTLE AVE

5. SEX: F 6. RACE: B 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9/19/00 9. AGE (In years last birthday): 69 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-03-2388
17. INFORMANT: HUSBAND ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 400.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIORESPIRATORY ARREST — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 MIN

DUE TO, OR AS A CONSEQUENCE OF:

(B) UREMIA — 3 WEEKS

DUE TO, OR AS A CONSEQUENCE OF:

(C) MALIGNANT HYPERTENSION — 10 YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/1/70 19 70 to 9/14 19 70 that (I) (~~we~~) last saw the deceased alive on 9/14 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: James Allan MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/14/70
23C. PHYSICIAN'S NAME (Type): JAMES ALLAN DEGREE
23D. ADDRESS: 22 S. GREENE ST

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-19-70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Bowlus 10 W. Baltimore
ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

Q-642 70 9176 X

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9176

1. NAME OF DECEASED (Type or Print): Brenda J. Quarles

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 9 Day 14 Year 70 Hour 12:01 a.m.

3. DATE PRONOUNCED DEAD: Month 9 Day 14 Year 70 Hour 12:01 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
43 So. Balto. General Hosp.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY DA 5200
C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER 305 Quarterfield Rd.

6. SEX female
7. RACE Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH 9-2-1946
10. AGE (In years last birthday) 24
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ostie Brown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
17. SOCIAL SECURITY NO.
18. INFORMANT Jessie J Quarles Jr ADDRESS Same

MEDICAL CERTIFICATION

19. I 614 X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE Septicemia
DUE TO, OR AS A CONSEQUENCE OF:
(B) purulent peritonitis
DUE TO, OR AS A CONSEQUENCE OF:
(C) pyosalpinx left

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE Peter Lipkovic M.D.
EXAMINER'S NAME (Type) Peter Lipkovic, M.D.

DATE SIGNED 9/14/70

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 9-17-70
24C. NAME of CEMETERY or CREMATORY Mt Auburn Cem
24D. LOCATION (City, town, or county) Balto (State) Md

25A. DATE REC'D BY HEALTH DEPT. SEP 16 1970
25B. NAME OF REGISTRAR Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR E. Nelson Sons Brandler Co. ADDRESS

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70-16463 70 9177

REG. NO. 70 9177

1. NAME OF DECEASED (Type or Print): Baby girl SAUNDERS

2. DATE AND HOUR OF DEATH: 9-11-70 | 6-45 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hos of MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY: 16-05

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 230 S Arunah Ave

5. SEX: F

6. RACE: C

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9-11-70

9. AGE (In years last birthday): 1 hr.

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours: 1 | Min.: 29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Galloway

14. MOTHER'S MAIDEN NAME: Martha Sanders

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Martha Sanders

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Dysmaturity.

DUE TO, OR AS A CONSEQUENCE OF:

(B) 24 wks gestation

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19____ to _____ 19____ that (I) (we) last saw the deceased alive on _____ 19____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Khawla Al-Abbosi DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-11-70

23C. PHYSICIAN'S NAME (Type): KHAWLA AL-ABBOSI DEGREE

23D. ADDRESS: University Hos of MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-12

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem

24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: E. Wilbur Coss Brooklyn

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 7-615 70 9178

REG. NO. 70 9178

1. NAME OF DECEASED (Type or Print): FAIRBANK, HEDGE THOMPSON

2. DATE AND HOUR OF DEATH: 9/12/70 4:42 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): USPHS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)

A. STATE: Md B. COUNTY: TILGHMAN. MD 21-00

C. CITY OR TOWN: TILGHMAN 21671

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER

5. SEX: MALE

6. RACE: CAUC.

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5/5/10

9. AGE (In years last birthday): 60

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWNER-OPERATOR

10B. KIND OF BUSINESS OR INDUSTRY: COMMERCIAL FISHERMAN

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH F. FAIRBANK

14. MOTHER'S MAIDEN NAME: ANNIE WAITE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-18-5549

17. INFORMANT: HOSP. CHART

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: METASTATIC OATCELL CA. OF LUNG — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: MONTHS

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 9/11 1970 to 9/12 1970 that ~~(I)~~ (we) last saw the deceased alive on 9/12 1970 and that ~~I (believe)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Gary E. Feldman M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/13/70

23C. PHYSICIAN'S NAME (Type): GARY E. FELDMAN, M.D. DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9/15/1970

24C. NAME OF CEMETERY or CREMATORY: METHODIST

24D. LOCATION (City, town, or county) (State): TILGHMAN, MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970

25B. NAME OF REGISTRAR: [illegible] M.D.

25C. FUNERAL DIRECTOR: NEWNAM FUNERAL HOME, EASTON, MD

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M-235 70 9179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9179

1. NAME OF DECEASED (Type or Print): HILDA M McDANIEL

2. DATE AND HOUR OF DEATH: 9/13/70 | 1·20P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 13-07
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 716 W. 36th Street

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11-5-05
9. AGE (In years last birthday): 64
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Shipley
14. MOTHER'S MAIDEN NAME: Fanny Shoemaker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-05-7666
17. INFORMANT: D Mrs. Leonard Burgess
ADDRESS: 403 Ferndale Av 21061

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute myocardial infarction c̄ A-V block

DUE TO, OR AS A CONSEQUENCE OF:

(B) Possible Pul. embolis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/12/ 19 70 to 9/13/ 19 70 that (I) (we) last saw the deceased alive on 9/13/ 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lwin DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/13/70
23C. PHYSICIAN'S NAME (Type): LYI K LWIN DEGREE
23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/16/70
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county): Baltimore (State): Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 16 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Robert C. Altenburg Funeral Home, Inc.
ADDRESS: 6009 Harford Rd. - Balto., Md. 21214

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

52-60-32 djs

P-200 70 9180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9180

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DORSEY Lee PAUGH Dorsey L. Paugh

2. DATE AND HOUR OF DEATH: 9-16-70 9:50 AM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore G 53-00
C. CITY OR TOWN: Dundalk
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2084 Jasmine Road 21222

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-27-11
9. AGE (In years last birthday): 59
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker - Clerical
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lloyd Paugh
14. MOTHER'S MAIDEN NAME: Mable V. Caplinger

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 232-22-8528
17. INFORMANT: BCH: Records
ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro-vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 34 hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic vascular disease — 7 years
DUE TO, OR AS A CONSEQUENCE OF:
(C) Hypertension — 10+ years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9-14-70 11:55 AM 19 to 9-16-70 9:50 AM 19 that (I) (~~we~~) last saw the deceased alive on 9-15-70 8:00 P.M. 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Donald M Rocklin DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-16-70
23C. PHYSICIAN'S NAME (Type): Donald M. Rocklin M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24B. DATE: 9/20/70
24C. NAME of CEMETERY or CREMATORY: Rowan Cemetery
24D. LOCATION (City, town, or county) (State): Randolph Co. Mabie, West Va.

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNEAL DIRECTOR: John J. Duda
ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

51-29-61 csl

W-300 70 9181

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9181

1. NAME OF DECEASED (Type or Print) Helen Watt Helen N. Watt

2. DATE AND HOUR OF DEATH 9/15/70 7:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Baltimore City Hospital 4940 Eastern Ave. Baltimore Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore 53-00

C. CITY OR TOWN Edgemere D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER 7332 Hughes Ave. Baltimore Md. 21219 005

5. SEX Female 6. RACE White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH 11-24-02 9. AGE (In years last birthday) 67 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Miller

14. MOTHER'S MAIDEN NAME Nellie McGonigle

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-07-6293B

17. INFORMANT 4940 Eastern Ave. ADDRESS BCH Records: Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. 250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE Myocardial Infarction — 3 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Diabetes & Hypertension — 4 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Exogenous Obesity — ?

19A. DATE OF OPERATION NONE

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSE OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) NO

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) NONE

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) NONE

21E. INJURY OCCURRED While At Work ☒ Not While At Work ☐

21F. HOW DID INJURY OCCUR? NONE

22. I certify that (I) (this hospital) attended the deceased from 9/12 19 70 to 9/15 19 70 that (I) (we) last saw the deceased alive on 9/15 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE [signature] DEGREE MD Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED 9/15/70

23C. PHYSICIAN'S NAME (Type) Douglas Greene MD DEGREE 23D. ADDRESS 4940 Eastern Ave. Baltimore, Md. Baltimore City Hospital

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 9/19/70 24C. NAME of CEMETERY or CREMATORY Holly Hill Memorial Gardens 24D. LOCATION (City, town, or county) (State) White Marsh, Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 17 1970 25B. NAME OF REGISTRAR Robert E. Foley, M.D. 25C. FUNERAL DIRECTOR John J. Duda ADDRESS 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-651 70 9182

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9182

1. NAME OF DECEASED (Type or Print): EDNA GREMPLER

2. DATE AND HOUR OF DEATH: 9-14-70 1:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 BON SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE 53-00

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: 6343 FREDERICK RD. 21228

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 11-29-96 9. AGE (In years last birthday): 73 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM L. STEIN

14. MOTHER'S MAIDEN NAME: HAMMERBACHER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-03-9716

17. INFORMANT: M.S.Grempler-6343 Frederick Rd. 21228 ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 197.8 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few minutes

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Carcinoma of liver + ascites — 10 months

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 25 August 1970 to 14 September 1970 that (I) (~~we~~) last saw the deceased alive on 13 September 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jantha Voronahsa DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ Intern

23B. DATE SIGNED: 14 September 70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-17-70

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery

24D. LOCATION (City, town, or county) (State): Frederick Ave. Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.

25C. FUNERAL DIRECTOR: E. Dana Mott ADDRESS: 21228

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-523 Anne Arundel Md 70 9183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9183

BIRTH NO. [redacted]

1. NAME OF DECEASED (Type or Print): TOWNSEND, BABY GIRL

2. DATE AND HOUR OF DEATH: SEPT. 14, 1970 | 11:47 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE, MD. 21207

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANN ARUNDEL 52.00
C. CITY OR TOWN: ODENTON
D. INSIDE CITY LIMITS? YES [1] NO [ ]
E. STREET AND NUMBER: 1300 DARWIN ST.

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-12-70
9. AGE (In years last birthday)
If Under 1 Yr. Months: Days: 2 If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ROBERT TOWNSEND
14. MOTHER'S MAIDEN NAME: DARLENE MOORE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Robert Townsend
ADDRESS: Same as above

MEDICAL CERTIFICATION

18. 777X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: IMMATURITY
DUE TO, OR AS A CONSEQUENCE OF:
(B) 24 wks. gestation
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPT. 13 1970 to SEPT. 14 1970 that ~~(I)~~ (we) last saw the deceased alive on SEPT. 14 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: William D. Hakkarinen, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-14-70
23C. PHYSICIAN'S NAME (Type): WILLIAM D. HAKKARINEN MD DEGREE
23D. ADDRESS: UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE, MD. 21201

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-16-70
24C. NAME of CEMETERY or CREMATORY: Hillcrest Cem
24D. LOCATION (City, town, or county) (State): ANNAPOLIS, Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Valerie E. Valery, M.D.
25C. FUNERAL DIRECTOR: Funeral Home
ADDRESS: Annapolis, Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9184

BIRTH NO. G-421 70 9181

1. NAME OF DECEASED (Type or Print): Gillespie, Marjorie F.

2. DATE AND HOUR OF DEATH: 9/14/70 8:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSP. OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: BALTO 53.00
C. CITY OR TOWN: DUNDALK BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 7903 ST. MONICA DRIVE

42

5. SEX: F
6. RACE: WF
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-5-21
9. AGE (In years last birthday): 49
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ROSCOE WALKER
14. MOTHER'S MAIDEN NAME: CLARA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-16-4077
17. INFORMANT: HUSBAND
ADDRESS: SAME

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

18. 174 X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: SPINAL CORD compressi-
DUE TO, OR AS A CONSEQUENCE OF:
(B) METASTASIS TO THE SPINAL CORD
DUE TO, OR AS A CONSEQUENCE OF:
(C) CA OF THE (L) BREAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPT 13 1970 to 9-14 1970 that (I) (we) last saw the deceased alive on SEPT 14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Eddie S. Saw M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9-14-70
23C. PHYSICIAN'S NAME (Type): EDDIE S. SAW MD DEGREE
23D. ADDRESS: SINAI HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/17/70
24C. NAME of CEMETERY or CREMATORY: BALTO. NATL. CEM.
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: J. V. Connelly Sons
ADDRESS: 300 Mace Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

C-640 70 9185

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9185

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Catherine E. Carroll

2. DATE AND HOUR OF DEATH: September 15, 1970 10:30 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 1514 Division Street Baltimore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2768
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Park Hill Nursing Home 1802 Eutaw Place

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: ~~[illegible]~~ 10/25/85
9. AGE (In years last birthday): 84
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife and Rest. Empl. Oriole Cafe.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ~~Baltimore, Maryland~~, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wilhelm Elbereskirsch
14. MOTHER'S MAIDEN NAME: Anna Marie ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-09-7420
17. INFORMANT: Mrs. Bernice Dubiel-daughter
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

4.36.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) CVA — 5 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerotic Vascular Disease — Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Diarrhea 3 days Anemia uncertain

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 15, 1970 to September 15, 1970 that (I) (we) last saw the deceased alive on September 15, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 10:30 a.m.

23A. SIGNATURE: Webster Sewell M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-15-70
23C. PHYSICIAN'S NAME (Type): Webster Sewell, M.D. DEGREE
23D. ADDRESS: 1514 Division Street Balto., Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/1/'70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John A. Moran, Inc.
ADDRESS: 3000 E. Baltimore St

VS 150-REV. 1/1/68

4E

1602 Dartmouth Rd.

BIRTH NO. M-252 70 9186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9186

1. NAME OF DECEASED (Type or Print): Beulah Messinger

2. DATE AND HOUR OF DEATH: 9-13-70 5⁰⁰ A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 25-44

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 815 Herndon Court

5. SEX: F

6. RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6-2-03

9. AGE (In years last birthday): 67

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luther Channel

14. MOTHER'S MAIDEN NAME: Phoebe Cross

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 236 46 8119

17. INFORMANT: Edna Lea Ward

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Massive Pulmonary Embolism	
(A) IMMEDIATE CAUSE	Respiratory Arrest	appr. 5 min.
DUE TO, OR AS A CONSEQUENCE OF: (B)	Bilateral Pneumonia	1 week
DUE TO, OR AS A CONSEQUENCE OF:	Possible Cerebrovascular Accident	20 hours
(C)	Arteriosclerotic Card. Vasc. Disease	several years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Diabetes Mellitus — several years

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY (Yes or No): O

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11-24 1969 to Sept. 13 1970 that (I) (we) last saw the deceased alive on Sept 13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Colvin C. Carter, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9-13-70

23C. PHYSICIAN'S NAME (Type): Colvin C. Carter M.D. DEGREE

23D. ADDRESS: South Balt. Gen. Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/16/70

24C. NAME of CEMETERY or CREMATORY: Glen Haven Mem. Pk.

24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: George J. Gonce

ADDRESS: 4001 Ritchie Hgy Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-430 70 9187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9187

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Silate George A.

2. DATE AND HOUR OF DEATH: 9/13/70 4.45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 Univ. of Maryland Hosp. Balt. Md. 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: Anne Arundel 52.00

C. CITY OR TOWN: Pasadena

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: Rte. 11, Box 348

5. SEX: Male

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 6/26/1899

9. AGE (In years last birthday): 71

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: G&E Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes

(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 212 05 7283

17. INFORMANT: Florence E. Ossman

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary carcinoma

DUE TO, OR AS A CONSEQUENCE OF:

(B) and insufficiency

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

—

19A. DATE OF OPERATION: June 4, 1969

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/13 19 70 to 9/13 19 70 that (I) (we) last saw the deceased alive on 9/13 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: G. Shafin M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/13/70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/16/70

24C. NAME of CEMETERY or CREMATORY: Baltimore National

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: George J. Gonce

ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-251 70 9188

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9188

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Carl W. Rosenberger

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 12 Year 70 Hour 2:30 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 809 N. Calvert St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 11-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 809 N. Calvert St.

6. SEX: male
7. RACE: white
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

9. DATE OF BIRTH: June 6, 1905
10. AGE (In years last birthday): 65
If Under 1 Yr. Months, Days; If Under 24 Hrs. Hours, Min.

11. BIRTHPLACE (State or foreign country): Broadway, Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Arthur Rosenberger

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Owner
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Ollie Dora

16. WAS DECEASED EVER IN U.S. ARMEDFORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 082-09-1011
18. INFORMANT: Carl A. Rosenberger ADDRESS: Westview, Md. 21228 911 Vanderwood Rd.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E955 X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of head
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 809 N. Calvert St. 11-01

22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 12 (Year) 70 (Hour) ? m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? shot self

23.
I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [X] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 9/13/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 16, 1970
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cem.
24D. LOCATION (City, town, or county) (State): Dorsey, Balto. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: G. Truman Schwab ADDRESS: 5151 Balto.National Pike Balto. Md. 21229

VS 151-REV. 1/1/68

N 8514 7 0 0 0 0 1 7 3

P-620 70 9189

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9189

1. NAME OF DECEASED (Type or Print): Walter PREISZ (Preisz) E.

2. DATE AND HOUR OF DEATH: 9/13/70 | 3 35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hosp 34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 701 Yale Ave. 22-01
C. CITY OR TOWN: Balto 21229 Md
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER:

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 7/27/05
9. AGE (In years last birthday): 65
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland Balto.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George Preisz
14. MOTHER'S MAIDEN NAME: Martha ? Henning
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 1943-1945
16. SOCIAL SECURITY NO.: 213-01-6199
17. INFORMANT: Richard Mills
ADDRESS: 701 Yale Ave. same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few minutes
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Pulmonary Emphysema for 5-6 yrs — 5-6 years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10 September 19 70 to 13 September 19 70 that (I) (we) last saw the deceased alive on 13 September 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Yantia Voranolisa DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ Intern
23B. DATE SIGNED: 13 September 70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 16, 1970
24C. NAME of CEMETERY or CREMATORY: Balto. National Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNEERAL DIRECTOR: G. Truman Schwab
ADDRESS: 3512 Frederick Ave. Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-652 70 9190

REG. NO. 70 9190

1. NAME OF DECEASED (Type or Print): MABEL A. KORNKE

2. DATE AND HOUR OF DEATH: 9/16/70 7:20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 49 NORTH CHARLES GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 18-03
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: Booth STREET 940

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑
8. DATE OF BIRTH: 9/4/06
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: THEODORE KORNKE
14. MOTHER'S MAIDEN NAME: Emma Raschke

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 214-24-3746
17. INFORMANT: Hosp Record
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 150X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Atelectasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7 days
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) CARCINOMA of Esophagus — 6 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:
(C) with METASTASIS

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/9/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CA of Esophagus
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/21 1970 to 9/16 1970 that (I) (we) last saw the deceased alive on 9/15 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Danilo V. Santos DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/16/70
23C. PHYSICIAN'S NAME (Type): DANILO V. SANTOS DEGREE
23D. ADDRESS: NORTH CHARLES GEN HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: London Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: John J. Cowan & Son Inc.
ADDRESS: 801 Hollins St.

VS 150-REV. 1/1/68

H-612 70 9191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9191

1. NAME OF DECEASED (Type or Print): Harbaugh, Theresa Mary

2. DATE AND HOUR OF DEATH: 14 Sept 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 4-01

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 411 W. Saratoga Street

5. SEX: f

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 26 Oct 82

9. AGE (In years last birthday): 87

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Kroeger

14. MOTHER'S MAIDEN NAME: Rose Meier

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215072959

17. INFORMANT: Son ADDRESS: 204 Crain Court Circle, Glen Burni

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Generalized arteriosclerosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 years

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fracture of right hip — 1 month

CERTIFICATION APPROVED BY CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 17 Aug 70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Fx. of right hip

20A. AUTOPSY? (Yes or No): no

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [X]

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 411 W. SARATOGA ST.

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): Aug. 5 1970 ?

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]

21F. HOW DID INJURY OCCUR? UNKNOWN

22. I certify that (I) (this hospital) attended the deceased from Sept 10 1970 to Sept 14 1970 that (I) (we) last saw the deceased alive on Sept. 14 1970 and that in (My) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael Colvin, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Sept. 14, 1970

23C. PHYSICIAN'S NAME (Type): Michael Colvin M.D. DEGREE

23D. ADDRESS: Good Samaritan Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/17/70

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md. 21206

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR: McCully Funeral Home ADDRESS: 130 E. Fort Ave. Balto. Md. 21230

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-425 70 16094 70 9192 REG. NO. 70 9192 4

1. NAME OF DECEASED (Type or Print): Baby Boy Hilsenrad

2. DATE AND HOUR OF DEATH: 9/15/70 12:05 A.M.

3. PLACE IN BALTIMORE, MARYLAND WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 27-19
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 5707 Greet Ave

5. SEX: Male
6. RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/14/70
9. AGE (In years last birthday)
If Under 1 Yr. Months Days Hours: 10 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Hilsenrad
14. MOTHER'S MAIDEN NAME: Tammy

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Hosp Chart
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Massive Aspiration Pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____ that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE
DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: September 15, 1970
23C. PHYSICIAN'S NAME (Type): Richard E. Layton, M.D. DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/15/70
24C. NAME OF CEMETERY or CREMATORY: Shomrei Mishmeres
24D. LOCATION (City, town, or county): Balto (State): Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Sylvan Levin & Son
ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

F-420 70 9193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9193

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROBERT FOLUS

2. DATE AND HOUR OF DEATH: 9/15/7 9.45am M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 28-31

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4109 Fordleigh Road

5. SEX: M

6. RACE: Caucc

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7/16/14

9. AGE (In years last birthday): 56

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Director

10B. KIND OF BUSINESS OR INDUSTRY: J.C.C.

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hyman

14. MOTHER'S MAIDEN NAME: Tilla

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 218-09-9619

17. INFORMANT: Hosp chart ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

200.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Lymphosarcoma

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Pulmonary emphysema ?

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/13 1970 to 9/15 1970 that (I) (we) last saw the deceased alive on 9 am 9/15 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Puig Antich MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/15/70

23C. PHYSICIAN'S NAME (Type): PUIG-ANTICH DEGREE

23D. ADDRESS: 6220 Green Meadow Pkwy

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/16/70

24C. NAME of CEMETERY or CREMATORY: Ohel Shalom

24D. LOCATION (City, town, or county) (State): Reisterstown Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Sylvan Levin & Son

ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. O-355 70 9194

REG. NO. 70 9194

1. NAME OF DECEASED (Type or Print): PHYLLIS OTTENHEIMER

2. DATE AND HOUR OF DEATH: SEPTEMBER 13, 1970 | 3 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PLEASANT MANOR NURSING HOME X

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 27-20

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3600 LABYRINTH ROAD

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐

8. DATE OF BIRTH: 9-1-1899

9. AGE (In years last birthday): 71

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-09-4806

17. INFORMANT: MR. EDWIN OTTENHEIMER, ADDRESS: 222 ST. PAUL #21202

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of lung, b — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 years

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Stroke — 7 months

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1958 19 to Sept 13 1970, that (I) (~~we~~) last saw the deceased alive on 11 Sept 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Louis Hamburger M.D. DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/14/70

23C. PHYSICIAN'S NAME (Type): LOUIS HAMBURGER DEGREE

23D. ADDRESS: 1001 ST. PAUL STREET

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-15-70

24C. NAME of CEMETERY or CREMATORY: BALTIMORE HEBREW

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-450 70 9195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9195

BIRTH NO.

1. NAME OF DECEASED (Type or Print): FLORENCE BLOOM

2. DATE AND HOUR OF DEATH: SEPTEMBER 13, 1970 2:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2827 WALDORF AVENUE

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 15-13

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 2827 WALDORF AVENUE

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2-2-1911 9. AGE (In years last birthday): 59 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EMPLOYEE

10B. KIND OF BUSINESS OR INDUSTRY: SOCIAL SECURITY

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ADOLPH BLOOM

14. MOTHER'S MAIDEN NAME: ROSE NEWMAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-07-8906

17. INFORMANT: MISS ANNABELLE BLOOM, ADDRESS: 2827 WALDORF AVE. #15

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 183.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Carcinoma ovary — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Carcinoma breast Diabetes — 5 yr.

19A. DATE OF OPERATION: 1961

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ovarian cyst

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/61 19 to 9/13/70 19, that (I) (we) last saw the deceased alive on 9/10/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph Shear MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/14/70

23C. PHYSICIAN'S NAME (Type): JOSEPH SHEAR DEGREE

23D. ADDRESS: 6715 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-15-70

24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE MEMORIAL PARK

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-346 70 9196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9196

BIRTH NO.

1. NAME OF DECEASED (Type or Print): THELMA SEIDLER

2. DATE AND HOUR OF DEATH: SEPTEMBER 13, 1970 11 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3800 HAYWARD AVENUE

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 27-88

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3800 HAYWARD AVENUE

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH:

9. AGE (In years last birthday): 85

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WOLF KUSHNER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. EDYTHE SANDLER, ADDRESS: 5520 FERNPARK AVE. #7

MEDICAL CERTIFICATION

18. 4339

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebrovascular thrombosis, multiple — 6 mo

DUE TO, OR AS A CONSEQUENCE OF:

(B) Atherosclerosis generalized

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Arteriosclerotic cardiovascular disease — 2 yr

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from June 30 1969 to Sept 13 1970, that (I) (~~we~~) last saw the deceased alive on Sept 13 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Morton M. Krieger M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: Sept 14, 1970

23C. PHYSICIAN'S NAME (Type): MORTON KRIEGER MD DEGREE

23D. ADDRESS: 615 HAMMONDS LANE 21225

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-15-70

24C. NAME of CEMETERY or CREMATORY: HEBREW YOUNG MEN

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-263 70 9197

REG. NO. 70 9197

1. NAME OF DECEASED (Type or Print): Lockard, Russell

2. DATE AND HOUR OF DEATH: Sept 14, 1970 | 8:15 PM

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 1-03

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 2312 Foster Ave

5. SEX: Male

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3-27-35

9. AGE (In years last birthday): 35

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbers Helper

10B. KIND OF BUSINESS OR INDUSTRY: Plumbing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ellis Lockard

14. MOTHER'S MAIDEN NAME: Lillian Siegmyer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 213 03 0337

17. INFORMANT

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

25019 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B) Diabetes Mellitus

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/26 1970 to 9/14 1970 that (I) (we) last saw the deceased alive on 9/14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Koon Kim DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/15/70

23C. PHYSICIAN'S NAME (Type): Roo Keun Kim DEGREE

23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 18 Sept 70

24C. NAME of CEMETERY or CREMATORY: Mary's Chapel Cem

24D. LOCATION (City, town, or county) (State): Mary's Chapel Rd Balto Co Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Burger Funeral Home

ADDRESS: Balto Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-520 70 9198

REG. NO. 70 9198

1. NAME OF DECEASED (Type or Print): THOMAS, CLARA I.

2. DATE AND HOUR OF DEATH: Sep. 16, 1970 6:30 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memorial Hospital

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 26-42

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 4202 STANWOOD AVE.

5. SEX: Female

6. RACE: White

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 03-12-79

9. AGE (In years last birthday): 91

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? AMERICAN

13. FATHER'S NAME: Fleming Seay

14. MOTHER'S MAIDEN NAME: Amanda Ship

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-56-4396

17. INFORMANT: son-in-law. CHARLES

ADDRESS: 5206 Anthony Ave. Balto., MD. 21206

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

4124 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: pulmo-cardiac arrest

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF:

(C) ASCVD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sep 12 19 70 to Sep 16 19 70 that (I) (we) last saw the deceased alive on Sep 16 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tohru Ohe MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED:

23C. PHYSICIAN'S NAME (Type): Tohru OHE MD DEGREE

23D. ADDRESS: Union Memorial Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/19/70

24C. NAME of CEMETERY or CREMATORY: Parkwood.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: Ralph E. Talley M.D.

25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc.

ADDRESS: Baltimore, Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. J-525 70 9199

REG. NO. 70 9199

1. NAME OF DECEASED (Type or Print): Lenox Johnson, Jr.

2. DATE AND HOUR OF DEATH: 9-15-70 9:45 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 1514 Division Street Baltimore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1312 Fremont Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 2-9-92
9. AGE (In years last birthday): 76 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFEUR Unemployed
10B. KIND OF BUSINESS OR INDUSTRY: PRIVATE FAMILY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: LENOX JOHSON SR.
14. MOTHER'S MAIDEN NAME: MARYANN MAULSBY
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-30-0732A
17. INFORMANT: Mrs. Mary E. Hawkins — ADDRESS: 1322 W. Lafayette Ave.

CAUSE OF DEATH

18. 436.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CVA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Paget's Disease

MEDICAL CERTIFICATION

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 17, 1970 to September 15, 1970 that (I) (we) last saw the deceased alive on September 15, 1970 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-16-70
23C. PHYSICIAN'S NAME (Type): V. ALIDIO M.D. DEGREE
23D. ADDRESS: 1514 Division Street Balto., Maryland 21217

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-19-70
24C. NAME of CEMETERY or CREMATORY: FALLSTON, CEMETERY
24D. LOCATION (City, town, or county) (State): FALLSTON, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Elsworth Hayes — ADDRESS: 3112 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

54-71-31 db

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-130 70 9200 REG. NO. 70 9200

1. NAME OF DECEASED (Type or Print): Andrew Svatey SR

2. DATE AND HOUR OF DEATH: 9/14/70 4:55 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS, 4940 Eastern Avenue, Baltimore, Maryland 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-33
C. CITY OR TOWN: Naltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3101 Brendan Ave. Balto., Md. 21213 007

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 12/13/95
9. AGE In years last birthday: 74
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MACHINES
10B. KIND OF BUSINESS OR INDUSTRY: CROWN CORK SEAL CO
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: GREGORY SVATEY
14. MOTHER'S MAIDEN NAME: MARIE UNK

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNK
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO. 214-16-6143
17. INFORMANT: BCH-Records
ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland 21224

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 519.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Myocardial Infarction	One hour
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Congestive Heart Failure	Several years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	COPD	Several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Cerebral Vascular Accident — One day

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/26 1970 to 9/14 1970, that (I) (we) last saw the deceased alive on 9/14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Russell Harris MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/14/70
23C. PHYSICIAN'S NAME (Type): Russell Harris MD DEGREE
23D. ADDRESS: BCH- 4940 Eastern Avenue, Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: SEPT. 18-70
24C. NAME of CEMETERY or CREMATORY: ST ANDREWS CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Hilbert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Dipper Bros Inc
ADDRESS: 7110 Belair Rd Balto Md.

VS 150-REV. 1/1/68

sab-57-62-83 1

P-160 70 9201

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9201

1. NAME OF DECEASED (Type or Print): Emerst Piper

2. DATE AND HOUR OF DEATH: 9-15-70 ~~H PM~~ 11 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS, 4940 Eastern Avenue, Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: VIRGINIA

B. COUNTY: V-43

C. CITY OR TOWN: ARLINGTON

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 3010 N. TENTH 22201

5. SEX: Male

6. RACE: White (Auc)

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5-10-94

9. AGE (In years last birthday): 76

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DRIVER

10B. KIND OF BUSINESS OR INDUSTRY: AUTO TRANSPORT

11. BIRTHPLACE (State or foreign country): Heath, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Piper

14. MOTHER'S MAIDEN NAME: Florence Seay

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 457-54-0856A

17. INFORMANT: Records: BCH-4940 Eastern Avenue

ADDRESS: 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 410.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: ANTERIOR MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7½ hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROTIC HEART DIS. — UNKNOWN

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPT. 15 19 70 to SEPT 15 19 70 that (I) (we) last saw the deceased alive on SEPT. 15 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Douglas A. Greene MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/15/70

23C. PHYSICIAN'S NAME (Type): Douglas Allen Greene — DOUGLAS ALAN GREENE DEGREE

23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Md. 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 18/70

24C. NAME of CEMETERY or CREMATORY: Restland Cemetery

24D. LOCATION (City, town, or county) (State): Dallas, Texas

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Geo. L. Schwartz

ADDRESS: 2101 Frederick Av. 21223

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

D-120

70 9202

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9202

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MATTHEW G. DAVIS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 9 Day 16 Year 1970 Hour M.

3. DATE PRONOUNCED DEAD: Month September Day 16 Year 1970 Hour 8:05 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTO. GENERAL HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~Maryland~~ B. COUNTY: (Clearfield, Pa.) V-35
C. CITY OR TOWN: ~~Baltimore~~ CLEARFIELD D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: ~~113 Hammonds Lane~~ GENERAL DELIVERY

6. SEX: Male

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: 2/2/94

10. AGE (In years last birthday): 76 ~~347~~ If Under 1 Yr. Months Days Hours Min. If Under 24 Hrs.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wesley Davis

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Coal Miner

14B. KIND OF BUSINESS OR INDUSTRY: -

15. MOTHER'S MAIDEN NAME: Ella Graham

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

17. SOCIAL SECURITY NO. 200 07 3718

18. INFORMANT: Mrs. Eva Shimmel ADDRESS: 113 Hammonds Lane.

MEDICAL CERTIFICATION

19. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9/16/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/19/70

24C. NAME of CEMETERY or CREMATORY: Umberia Cemetery

24D. LOCATION (City, town, or county) (State): Osceola, Pennsylvania

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: Robert E. Faber M.D.

25C. FUNERAL DIRECTOR: John H. Hahn Funeral Home, 4200 Pennington

ADDRESS

VS 151-REV. 7/1/68

J-525 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 70 9203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9203

1. NAME OF DECEASED (Type or Print): ROBERT JOHNSON

2. DATE AND HOUR OF DEATH: Sept. 10, 1970 | 2:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 708 Reservoir St, Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 13-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 708 Reservoir St

5. SEX: M
6. RACE: B
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1/20/11
9. AGE (in years last birthday): 59
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Johnson
14. MOTHER'S MAIDEN NAME: Leona Johnson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Elizabeth Johnson
ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: minutes only
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Heart disease (?)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Hypertensive Vascular disease (?)

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): no
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2/19 1966 to 9/10 1970 that (I) (we) last saw the deceased alive on 9/10 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: D. Stewart, M.D. (DEGREE)
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/10/70
23C. PHYSICIAN'S NAME (Type): D. W. STEWART M.D. (DEGREE)
23D. ADDRESS: 2300 Garrison Blvd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-15-70
24C. NAME of CEMETERY or CREMATORY: Balto. Nat. Cem.
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Sidney O. Wilson
ADDRESS: 1000 Brantley Ave.

VS 150-REV. 1/1/68

S-530

BIRTH NO. 70 9204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9204

1. NAME OF DECEASED (Type or Print): Herman Smith

2. DATE AND HOUR OF DEATH: September 15, 1970 8:15 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 39
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 1514 Division Street Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-01
C. CITY OR TOWN: Balrimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 614 N. Arlington Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 5-4-12-
9. AGE (In years last birthday): 58
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chain Operator
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bessemer Ala.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Jackson Smith
14. MOTHER'S MAIDEN NAME: Sarah ?
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Dorothy Walker-daughter
ADDRESS: 117 N. Carrollton Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

I
(A) IMMEDIATE CAUSE: Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 mins.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cerebro Vascular Hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:
(C) Malignant Hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?:

22. I certify that (I) (this hospital) attended the deceased from 9-14 1970 to 9-15 1970 that (I) (~~we~~) last saw the deceased alive on 9-15 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Veniedo Alidio, MD. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9-15-70
23C. PHYSICIAN'S NAME (Type): Veniedo Alidio, M. D. DEGREE
23D. ADDRESS: 1514 Division Street Baltimore, Maryland 21217

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Tarbert, M.D.
25C. FUNERAL DIRECTOR: Williams Funeral Home
ADDRESS: 819 N. Carrollton Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

M-640

BIRTH NO. 70 9205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9205

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Clarence Murrill

2. DATE AND HOUR OF DEATH: 9/16/70 10:40 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nursing & Convalescent Center, 140 W. Lafayette Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 1302 W. Lafayette Ave. Balto. 16-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1302 W. Lafayette Ave.

5. SEX: male
6. RACE: black
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/10/92
9. AGE (In years last birthday): 77
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10B. KIND OF BUSINESS OR INDUSTRY: stevedore
11. BIRTHPLACE (State or foreign country): Newburn, N. C.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: ~~unknown~~ Melissa Murrill

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217 03 8635
17. INFORMANT: Records Bolton Hill
ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 4124 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ischemic Stroke
DUE TO, OR AS A CONSEQUENCE OF:
(B) Congestive Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Uremia (Ch. Kid dis)

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-25-70 19 to 9-16-70 19, that (I) (we) last saw the deceased alive on 9-16-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theodore T. Nizniewski DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-16-70

23C. PHYSICIAN'S NAME (Type): T. T. Nizniewski M.D. DEGREE
23D. ADDRESS: 429 Chester St.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Fackler
25C. FUNERAL DIRECTOR: Williams Funeral Home
ADDRESS: 3199 Monroe St.

VS 150-REV. 1/1/68

1

R-168 Baltimore, Md. 70 9206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9206

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARK REIBER

2. DATE AND HOUR OF DEATH: 9/16/70 3 55 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 3-02

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 502 S. ALBEMARLE ST.

5. SEX: MALE

6. RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7-24-70

9. AGE (In years last birthday): 1 year, 2 days

If Under 1 Yr. Months: 2 Days: Hours: If Under 24 Hrs. Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK REIBER

14. MOTHER'S MAIDEN NAME: CAROL GROUGHENOUR

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Frank Reiber — ADDRESS: 502 S. Albemarle Street

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 746.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CARDIAC ARREST — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 HR

DUE TO, OR AS A CONSEQUENCE OF:

(B) (INTRACEREBRAL)

DUE TO, OR AS A CONSEQUENCE OF:

(C) TRUNCUS ARTERIOSUS TYPE I — SINCE BIRTH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/31 1970 to 9/16 1970 that (I) (we) last saw the deceased alive on 9/16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David Leiberg DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/16/70

23C. PHYSICIAN'S NAME (Type): DAVID LEIBERG DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-18-1970

24C. NAME of CEMETERY or CREMATORY: Glen Haven

24D. LOCATION (City, town, or county) (State): Anne Arundel, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Billy & Zeiler Inc. — ADDRESS: 1901-07 Eastern Ave.

VS 150-REV. 1/1/68

RELEASED BY DR. SPRINGATE AS NAT-MED

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

P-430 70 9207

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9207

1. NAME OF DECEASED (Type or Print): William Henry Plitt

2. DATE OF DEATH — Known ☐ Estimated ☑ — Month: 9 Day: 14 Year: 70 Hour: 11:20A.M.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 14 Year: 70 Hour: 11:20A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
2813 Oakley Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 27-17
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2813 Oakley Avenue

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. DATE OF BIRTH: 11-10-1887
10. AGE (In years last birthday): 82 [redacted]
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George E Plitt
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Emily Plitt
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes WW 1 (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.:
18. INFORMANT: Emily P. Hohman — ADDRESS: 3635 Forest Hill Road #7

MEDICAL CERTIFICATION

19. 4 12.4 1

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardio Vascular
DUE TO, OR AS A CONSEQUENCE OF: Heart Disease

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

If OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE OF EXAMINER: [signature] M.D.
NAME (Type): Werner U. Spitz Dep. Chief Medical Examiner
DATE SIGNED: 9/15/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-17-70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Armacost Funeral Chapel — ADDRESS: 4600 Hts. Ave

VS 151-REV. 7/1/68

BIRTH NO. G-125 70 9208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9208

1. NAME OF DECEASED (Type or Print): GIBSON NORMAN JOSEPH

2. DATE AND HOUR OF DEATH: 9/16/70 10:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 UNIVERSITY OF MD HOSPITAL.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE. 1706 Marshall St. 21230
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1715 MARSHALL ST. 23-03

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/19/10
9. AGE (In years last birthday): 60
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouse Worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore - Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOSEPH WILLIAM GIBSON
14. MOTHER'S MAIDEN NAME: MARY STEWART.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 717 12 3153
17. INFORMANT: EVELYN GIBSON ADDRESS: ABOVE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CACHEXIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
(B) CARCINOMATOSIS
DUE TO, OR AS A CONSEQUENCE OF:
(C) Carcinoma of mouth.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): —

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/11 1970 to 9/16 1970 that (I) (we) last saw the deceased alive on 9/16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Norman Karas DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/16/70
23C. PHYSICIAN'S NAME (Type): AURAM C. KARAS DEGREE
23D. ADDRESS: UNIV. HOSPITAL (UNIV. OF MD.)

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-19-70
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, D.D.S.
25C. FUNERAL DIRECTOR: McCullough ADDRESS: 130 E. Fort Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-625 70 9209

BIRTH NO. 70-15503 Ian Alexander Murchin

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9209

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): MURCHIN, BABY BOY

2. DATE AND HOUR OF DEATH: SEPT. 11, 1970 | 10:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE, MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: BALTIMORE 28.54
C. CITY OR TOWN: CATONSVILLE D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 5311 Carriage Ct.

5. SEX: M 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-4-70 9. AGE (In years last birthday) If Under 1 Yr. Months Days: 7 If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N.A. 10B. KIND OF BUSINESS OR INDUSTRY: N.A.
11. BIRTHPLACE (State or foreign country): Md. 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: HARRY A. MURCHIN
14. MOTHER'S MAIDEN NAME: JENIFER GRAHAM
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Parents--5311 Carriage Ct ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
746.1	(A) IMMEDIATE CAUSE: Congenital Heart Disease	1 wk.
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) DUE TO, OR AS A CONSEQUENCE OF:	
	(C)	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9-11-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: TRANSPOSITION OF GREAT VESSELS
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from SEPT. 4 1970 to SEPT. 11 1970 that ~~(I)~~ (we) last saw the deceased alive on SEPT. 11 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: William D. Hakkarinen, MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: SEPT. 11, 1970
23C. PHYSICIAN'S NAME (Type): WILLIAM D. HAKKARINEN M.D. DEGREE
23D. ADDRESS: UNIV. OF MD. HOSPITAL, BALTIMORE, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): 9/14/70
24B. DATE: BURIAL
24C. NAME of CEMETERY or CREMATORY: Loudon PK Cem
24D. LOCATION (City, town, or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: E. S. MACNABB JR. ADDRESS: 201 Frederick Rd. Catonsville, Md. 21228

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-625 70 9210

REG. NO. 70 9210

1. NAME OF DECEASED (Type or Print): RUTH TOURKIN

2. DATE AND HOUR OF DEATH: 9/15/70 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3804 HAYWARD AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD

B. COUNTY: 27-88

C. CITY OR TOWN: BALTO

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3804 HAYWARD AVE

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: OCT 1917

9. AGE (In years last birthday): 52

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Phila, Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman

14. MOTHER'S MAIDEN NAME: Rebecca

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Jim Schiller ADDRESS: 3053 Essex Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute Cerebral Hemorrhage, Ischemia

DUE TO, OR AS ~~A CONSEQUENCE OF~~: Hypertensive Cardiovascular Disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from April 18 1949 to 9/15/70 1970, that (I) (we) last saw the deceased alive on July 7 1970 and that In (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Lester N. Kolman M.D. DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/16/70

23C. PHYSICIAN'S NAME (Type): Lester N. Kolman, M. D. DEGREE

23D. ADDRESS: 6821 Reisterstown Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/17/70

24C. NAME of CEMETERY or CREMATORY: Ohel Shalom

24D. LOCATION (City, town, or county) (State): Reisterstown Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: 970000

25C. FUNERAL DIRECTOR: Sylvan Levin & Son ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-632 70 9211

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9211

BIRTH NO.

00

1. NAME OF DECEASED (Type or Print) PAULETTE BRADSTOCK	2. DATE OF DEATH Known ☐ Estimated ☐ Month 5 Day 11 Year 70 Hour 4:30 p.m.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2608 N. Calvert St. ;D.O..A	3. DATE PRONOUNCED DEAD Month May Day 11 Year 1970 Hour 4:30 p.m.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 12-03
6. SEX Female	7. RACE White
8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	C. CITY OR TOWN Balto.
	D. INSIDE CITY LIMITS? YES ☐ NO ☐
9. DATE OF BIRTH	10. AGE (In years last birthday) 50 — If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	E. STREET AND NUMBER 2608 N. Calvert St.
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY
	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.
	18. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION	20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No) yes
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.	22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE [signature] M.D. — DATE SIGNED

EXAMINER'S NAME (Type) Isidore Mihalakis, M.D. — 5/18/70

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE 9-14-70	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, Town, or County) (State)
25A. DATE REC'D BY HEALTH DEPT. SEP 17 1970	25B. NAME OF REGISTRAR Robert E. Farber, M.D.	25C. FUNERAL DIRECTOR	ADDRESS MORTUARY SERVICE - BCHD

VS 151-REV. 7/1/68

Letter from M.E.'s office 9-17-70 M.H.

1

W-300 70 9212

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9212

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EFFIE WHITE

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month: 6 Day: 5 Year: 70 Hour: 4:10 P.M.

3. DATE PRONOUNCED DEAD — Month: June Day: 5, 1970 Year: Hour: 4:10 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 344 N. Hilton St. D.O.A.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 26-37
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 344 N. Hilton St.

6. SEX: Female 7. RACE: Negro 8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH 10. AGE (In years last birthday): 73? If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. 412.7 I

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection XX Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes XX Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER XXX
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D. DATE SIGNED

EXAMINER'S NAME (Type): Isidore Mihalakis, M.D. 6/6/70

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE: 9-14-70 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 151-REV. 1/1/68

1

W-420 70 9213

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 9213

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): JOSEPH J. WALKO

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 5 Day 24 Year 1970 Hour 1:25 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 21 W. Preston St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 11-02
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 21 W. Preston St.

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH
10. AGE (In years last birthday): 64
If Under 1 Yr. or Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. 4124

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: R S Fisher M.D.
EXAMINER'S NAME (Type): Russell S. Fisher, M.D.
CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 5-25-70

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 9-14-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State)

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR
ADDRESS

VS 151-REV. 1/1/68

1

R-543 70 9214

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9214

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Marshall Reynolds

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month / Day / Year / Hour: M.

3. DATE PRONOUNCED DEAD — Month: 5 Day: 30 Year: 70 Hour: 11:35 p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

38

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — A. STATE: Maryland B. COUNTY: 18-03

6. SEX: male

7. RACE: white

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH

10. AGE (In years last birthday): 59 — If Under 1 Yr. If Under 24 Hrs. Months / Days / Hours / Min.

E. STREET AND NUMBER: 111 S. Poppleton St.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E881X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Meningitis complicating subdural hematoma

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ?

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ? 00-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 5 20 70 ? m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? allegedly fell

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 5/31/70

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 9-14-70

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, Town, or County) (State)

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR

ADDRESS

MORTUARY SERVICE - BCHD

VS 151-REV. 1/1/68

N 852.0

1

M-254 70 9215

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9215

BIRTH NO.

1. NAME OF DECEASED (Type or Print): (BEN) McNEIL, BENNIE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour — September 15, 1970 2:25 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PROVIDENT HOSPITAL

39

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1119 N. Mount Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 4-18-1911
10. AGE (In years last birthday): 59
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Isaac McNeil
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Lina Walker
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 241-12-3462
18. INFORMANT: Mrs. Margaret Massey ADDRESS: 1131 Ashburton S

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

4 12.4

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9/16/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-19-70
24C. NAME of CEMETERY or CREMATORY: Carver Mem Park
24D. LOCATION (City, town, or county) (State): Laurel, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 17 1970
25B. NAME OF REGISTRAR: Robert E. Taylor, M.D.
25C. FUNERAL DIRECTOR: Wm. C March ADDRESS: 928 E. North Ave.

VS 151-REV. 7/1/68

BIRTH NO. V-230 70 9216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9216

1. NAME OF DECEASED (Type or Print): Mabel A. Vogt

2. DATE AND HOUR OF DEATH: 9/16/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 90

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): General German Home, 22 Athol Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 28-64

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 22 S. Athol Avenue

5. SEX: Female

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: ~~9/16/70~~ 11/23/83

9. AGE (In years last birthday): 86

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jim Kelley

14. MOTHER'S MAIDEN NAME: Amanda

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-46-7979Ji

17. INFORMANT: Mr. Tyler

ADDRESS: General German Aged Home, 22 S. Athol Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

4/12.4

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiac Arrhythmia

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteria Sclerotic Cardio Vascular Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C) Angina

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 19 70 to 9/16 19 70 that (I) (we) last saw the deceased alive on 9/16 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William J. Bryson M.D. DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/17/70

23C. PHYSICIAN'S NAME (Type): Dr. Wm. J. Bryson DEGREE

23D. ADDRESS: 4605 Edmondson Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/18/70

24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Witzke

ADDRESS: 4101 Edmondson Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

N-552 70 9217

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9217

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Burton Wayne B. Nonemaker

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 13 Year 70 Hour 1:13 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-42
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 4718 Shamrock Ave.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 4/17/53
10. AGE (In years last birthday): 17
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Donald Burton Nonemaker, Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Louise Burton

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 219-60-5269
18. INFORMANT: Father, above
ADDRESS

MEDICAL CERTIFICATION

19. E8150.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple injuries
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 4500 Boley's La. 26-42

22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 13 (Year) 70 (Hour) 12:45a.m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? passenger in auto which struck pole

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D. M.D.
Deputy Chief Medical Examiner
DATE SIGNED: 9/13/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/17/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home Inc.
ADDRESS: 3331 Brehms Lane

VS 151-REV. 7/1/68

N 869.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-600 70 9218 Registered No. 70 9218

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): WILLIAM H. MYER

2. DATE AND HOUR OF DEATH: 9-12-70 | 12 55 P.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital

48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland. B. COUNTY: 434 N. Clinton Street

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore 26-10

D. STREET ADDRESS (If rural, give location): 434 N. Clinton Street 21224

5. SEX: m

6. RACE: W

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify): Married

8. DATE OF BIRTH: 1-21-86

9. AGE (In years last birthday): 84

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Rivetter-Md. Drydock

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Martin Myer

14. MOTHER'S MAIDEN NAME: Rose Eccleston

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-09-7128

17. INFORMANT: Identification Record ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cholecystitis and Cholelithiasis

DUE TO

(B) obstructive jaundice

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic obstructive lung disease Arteriosclerotic heart disease

19A. DATE OF OPERATION: 9-9-70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: obstructive jaundice

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8-29 1970 to 9-12 1970, that ~~(I)~~ (we) last saw the deceased alive on 9-12 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: M. Buchness M.D. M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9-12-70

23C. PHYSICIAN'S NAME (Type) M.D.

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/17/70

24C. NAME of CEMETERY or CREMATORY: St. Mathews Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

56-96-82 sk

W-420 70 9219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9219

BIRTH NO.

1. NAME OF DECEASED (Type or Print): IRENE WILLIS (SEIBERT)

2. DATE AND HOUR OF DEATH: 9-15-70 13:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: BALTIMORE CITY HOSPITAL

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4940 Eastern Ave. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 1-01

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3120 O'Donnell ST. 007

5. SEX: Female

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 4-12-87

9. AGE (In years last birthday): 83

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN Battee

14. MOTHER'S MAIDEN NAME: UNKnown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: BCH Records: Baltimore, Md. 21224 ADDRESS: 4940 Eastern Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia, wound infection

DUE TO, OR AS A CONSEQUENCE OF:

(B) Fracture Right Hip

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

E887X1

CERTIFICATION APPROVED BY CHIEF, ASS. MEDICAL EXAMINER

19A. DATE OF OPERATION: 6-9-70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Fracture hip

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) [X]

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? Home (If in Baltimore City, give exact location) 1-01

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 6-1-70 ?

21E. INJURY OCCURRED While At Work [ ] Not While At Work [X]

21F. HOW DID INJURY OCCUR? fell

22. I certify that (I) (this hospital) attended the deceased from 7-1-70 19 to 9-15 1970 that (I) (we) last saw the deceased alive on 9-15-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jose B. Correra, M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9-15-70

23C. PHYSICIAN'S NAME (Type): JOSE B. CORUERA, M.D. DEGREE

23D. ADDRESS: BALTO. City HOSP. 4940 Eastern Ave. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/18/70

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970

25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR: Schamunek Funeral HoMe, Inc. ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

Released on Approval

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause of death was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-435 70 9220

BIRTH NO.

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 9220

1. NAME OF DECEASED (Type or Print): ILENE D. GWALTNEY

2. DATE AND HOUR OF DEATH: 9/16/70 6:25 P.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE 27-88

C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE

D. STREET ADDRESS (If rural, give location): 3504 HAYWARD AVENUE

48

5. SEX: F

6. RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED

8. DATE OF BIRTH: 5-15-36

9. AGE (In years last birthday): 34

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: PAUL GARBER

14. MOTHER'S MAIDEN NAME: TENNEY, Lilly

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-34-2935

17. INFORMANT: PATIENT'S HUSBAND ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 734.01

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) RENAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: One month

DUE TO

(B) SCLERODERMA

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. NONE.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 19 1970 to September 16 1970, that (I) (we) last saw the deceased alive on September 16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Michael A. Grasso M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/16/70

23C. PHYSICIAN'S NAME (Type): Dr. A. A. SERPICK M.D.

23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-19-70

24C. NAME of CEMETERY or CREMATORY: Crest Lawn Cem

24D. LOCATION (City, town, or county) (State): Howard Co Md

25A. DATE REC'D BY HEALTH DEPT. SEP 18 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Burger Funeral Home Balto Md ADDRESS

By Walter Shimer Jr

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. M-246 70 9221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9221

1. NAME OF DECEASED (Type or Print): Joseph W. McLeary

2. DATE AND HOUR OF DEATH: 12 Noon 9/13/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 25-05

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 627 S. Tolna St. # 21224.

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2-28-14

9. AGE (In years last birthday): 56

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purchaser

10B. KIND OF BUSINESS OR INDUSTRY: Crown, Cork and Seal

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Mc Leary

14. MOTHER'S MAIDEN NAME: Margaret Wiek

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: 213-01-0332

17. INFORMANT: Laura V. McLeary

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.9

(A) IMMEDIATE CAUSE: Acute extensive

DUE TO, OR AS A CONSEQUENCE OF:

anterior myocardial infarction

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/16/ 19 70 to 9/13/ 19 70 that (I) (we) last saw the deceased alive on 9/13/ 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Kwin DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/13/70

23C. PHYSICIAN'S NAME (Type): KYI K LWIN DEGREE

23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-17-70

24C. NAME of CEMETERY or CREMATORY: Gardens of Faith

24D. LOCATION (City, town, or county) (State): Kenwood Av. & Trumps Mill Rd., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Charles Geiler

ADDRESS: 901 S. Conkling St Balto., 21224, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-160 70 9222 REG. NO. 70 9222

1. NAME OF DECEASED (Type or Print): Anna C. Beever

2. DATE AND HOUR OF DEATH: Sept. 13, 1970 10:45 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 70 House in the Pines- Belvedere

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto Co 53-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2512 Wendover Road

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Feb. 14, 1892
9. AGE (In years last birthday): 78
If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Herr
14. MOTHER'S MAIDEN NAME: Mary

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Mrs. Mabel Bloom
ADDRESS: -3800 Echodale Ave.-21206

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 4/2.4/ DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro-Vascular Acc — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: unknown.

DUE TO, OR AS A CONSEQUENCE OF:

(B) A.S.C.V.D.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). —

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/13 1970 to 9/13 1970, that (I) (we) last saw the deceased alive on 9/14 1970, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. J. Ellin DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/15/70
23C. PHYSICIAN'S NAME (Type): M. J. Ellin DEGREE
23D. ADDRESS: Randallstown, Md 21133

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-16-70
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: John C. Miller Inc
ADDRESS: -6415 Belair Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-540 70 9223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9223

1. NAME OF DECEASED (Type or Print): Connolly, James E.

2. DATE AND HOUR OF DEATH: 9-15-70 3:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital

CERTIFICATE AMENDED 10-20-70

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3607 West Bay Ave.

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-22-01
9. AGE (In years last birthday): 68
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired American Oil Co.
10B. KIND OF BUSINESS OR INDUSTRY: American Oil Co.
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James
14. MOTHER'S MAIDEN NAME: Geneva

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Unknown (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT: Naoma Salley — ADDRESS: 206 W. Ardenkd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, but the disease, injury or complication which caused death.) 410.9 I 5880 X

(A) IMMEDIATE CAUSE: Coronary insufficiency
DUE TO, OR AS A CONSEQUENCE OF:
(B) myocardial infarction, congestive
DUE TO, OR AS A CONSEQUENCE OF:
(C) heart failure and arrhythmia

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.

CERTIFICATION APPROVED

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): X
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APROX.) (Month) (Day) (Year) (Hour): ~~9/13/1970~~
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? ~~Fell off at home~~ Fell at Montebello State Hosp.

22. I certify that (I) (this hospital) attended the deceased from ~~9-13-70~~ 8-20-1970 to 9/15/70 19..., that (I) (we) last saw the deceased alive on 9/15/70 19... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: WASSIF [signature] DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/15/1970
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-19-70
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cem.
24D. LOCATION (City, town, or county) (State): Balto. 25, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Robert E. Nathan M.D.
25C. FUNERAL DIRECTOR: McCully — ADDRESS: 237 Patapsco Ave. 21225

VS 150-REV. 1/1/68

Letter from M.E.'s office and South Baltimore General Hospital 10-20-70 M.H.

E-220 70 9224

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9224

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): HENRY H. ECKES

2. DATE AND HOUR OF DEATH: September 14, 1970 | 2:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31 Baltimore City Hospitals
4940 Eastern Ave.
Baltimore , 21224, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 26-11
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3306 Fait Ave. # 21224.

5. SEX: Male
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: May 24, 1905
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bottle House
10B. KIND OF BUSINESS OR INDUSTRY: National Brew. Co.
11. BIRTHPLACE (State or foreign country): Baltimore , Md .
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Eckes
14. MOTHER'S MAIDEN NAME: Ida Hofer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 217-22-6747
17. INFORMANT: William T. Eckes
ADDRESS: 1812 Kinship Rd. #21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Bladder
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-30 1970 to 9-14 1970 that (I) (we) last saw the deceased alive on 7-30 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. H. Gaskel MD DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-15-70
23C. PHYSICIAN'S NAME (Type): JASON H. GASKEL DEGREE
23D. ADDRESS: 637 S. Conkling St., Balto., 21224, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-17-70.
24C. NAME of CEMETERY or CREMATORY: Mt. Carmel Cemetery
24D. LOCATION (City, town, or county) (State): 5712 O'Donnell St., Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles S. Giles
ADDRESS: 901 S. Conkling St. Balto., 21224, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-260 70 9225

REG. NO. 70 9225

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): James Spittle Swisher

2. DATE AND HOUR OF DEATH: 9/12/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Home 3513 KENtucky AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 21213 26-43
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3513 Kentucky Avenue

5. SEX: male
6. RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 10/6/08
9. AGE (In years last birthday): 61
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker
10B. KIND OF BUSINESS OR INDUSTRY: Linder Corp.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: James Swisher
14. MOTHER'S MAIDEN NAME: unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service): 2
16. SOCIAL SECURITY NO.: 13-10-5996
17. INFORMANT: James T. Swisher, son, 3905 Brehms Lane
ADDRESS:

MEDICAL CERTIFICATION

18. 410.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute Myocardial Infarct — 24 hr
DUE TO, OR AS A CONSEQUENCE OF:
(B) Moderate Hypertension — year
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 1962 to Sept 12 1970 that (I) (we) last saw the deceased alive on 9-12 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lorlbin L. Fearing DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-14-70
23C. PHYSICIAN'S NAME (Type): Dr. William L. Fearing DEGREE
23D. ADDRESS: 3025 Belair Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/16/70
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Robert E. Lasley, M.D.
25C. FUNERAL DIRECTOR: Schmunek Funeral Home, Inc.
ADDRESS: 3831 Brehms Lane

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-000 70 9226

REG. NO. 70 9226

1. NAME OF DECEASED (Type or Print): James J. Kehoe Sr.

2. DATE AND HOUR OF DEATH: Sept. 13, 1970 3:P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-31
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4218 Springwood Ave. -21206

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: May 22, 1895
9. AGE (In years last birthday): 75
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas Operator
10B. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co.
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Partick Kehoe
14. MOTHER'S MAIDEN NAME: Catherine Noonan
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 212-05-4960
17. INFORMANT: Ethel M. Kehoe
ADDRESS: 4218 Springwood Ave. -21206

CAUSE OF DEATH

MEDICAL CERTIFICATION

1B. 412.2 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF: H. C. V. D — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1965 to

(B) DUE TO, OR AS A CONSEQUENCE OF: (Hypertensive cardio-vascular disease) — 1970

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): 0
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 18, 1969 to Sept. 5, 1970, that (I) (we) last saw the deceased alive on 9-5- 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: SR Sadjadi, M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-15-70
23C. PHYSICIAN'S NAME (Type): G. R. SADJADI, M.D. DEGREE
23D. ADDRESS: 5829 BELAIR RD 21206

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-17-70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: John E. Jeffers, M.D.
25C. FUNERAL DIRECTOR: John C. Miller Inc
ADDRESS: 6415 Belair Road-21206

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

H-362 70 9227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 70 9227

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HETRICK, MRS. GRACE M.

2. DATE AND HOUR OF DEATH: 9/15/70 7:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 34 BON SECOURS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 14 BAYSHIP ROAD
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 14 BAYSHIP ROAD 53-00

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 10/9/93
9. AGE (In years last birthday): 76
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): O
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN MITCHELL
14. MOTHER'S MAIDEN NAME: DIANA NICKLO

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-10-4774D
17. INFORMANT: MITCHELL HETRICK, 6928 BROGUIN & HWY. ADDRESS: 21224

MEDICAL CERTIFICATION

18. 4922 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Respiratory failure — few sec.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pneumonitis — 1 wk
DUE TO, OR AS A CONSEQUENCE OF:
(C) Pulmonary emphysema — many yrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: O
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 15 September 19 70 to 15 September 19 70 that (I) (~~we~~) last saw the deceased alive on 15 September 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Tantra Voranaksa DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ Intern
23B. DATE SIGNED: 9-15-70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 18 SEPT 70
24C. NAME of CEMETERY or CREMATORY: OAK LAWN CEMETERY
24D. LOCATION (City, town, or county) (State): BALTO. CO., MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME, DUNDALK, MD ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-416 70 9228

REG. NO. 70 9228

1. NAME OF DECEASED (Type or Print): William Tilford

2. DATE AND HOUR OF DEATH: 9-14-70 6:40 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: 27-59
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4319 MARBLE HALL RD. 21218

5. SEX: MALE
6. RACE: CAUCASIAN
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 13 MAR 1886
9. AGE (In years last birthday): 84
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JRT. METAL WORKER
10B. KIND OF BUSINESS OR INDUSTRY: ROOFING + SPOUTING
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. BARBARA TILFORD, 4319 MARBLE HALL RD ADDRESS 21218

MEDICAL CERTIFICATION

18. 441.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Rupture of aorta — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:

(B) Aneurysm of abdominal aorta
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-13 19 70 to 9-14 19 70 that (I) (we) last saw the deceased alive on 9/14 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Boo Keum Kim DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/15/70
23C. PHYSICIAN'S NAME (Type): Boo Keum Kim DEGREE
23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 18 SEPT. 70
24C. NAME of CEMETERY or CREMATORY: LOUDON PARK CEMETERY
24D. LOCATION (City, town, or county) (State): BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: ULRICH FUNERAL HOME, BALTO, MD 21206 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-000 70 9229

BIRTH NO. 63-32112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9229

1. NAME OF DECEASED (Type or Print): Charlene Lowe

2. DATE AND HOUR OF DEATH: 4 Aug 9/14/70 4 A M.

3. PLACE (IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Johns Hopkins Hosp
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 601 N Broadway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 8-08
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2018 E. Biddle St

5. SEX: Female
6. RACE: Black
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-26-63
9. AGE (In years last birthday): 6
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles L Lowe
14. MOTHER'S MAIDEN NAME: Marie Upchurch

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Charles Lowe
ADDRESS: 2018 E. Biddle

MEDICAL CERTIFICATION

1B. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Aspiration of vomitus
DUE TO, OR AS A CONSEQUENCE OF:
(B) 65% total body burn
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Notify medical examiner) ☒
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2018 E Biddle St 8-08
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-5-70 Aug.
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☒
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David Valle MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/14/70
23C. PHYSICIAN'S NAME (Type): David Valle, M.D. DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-17-1970
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Robert E. Faiber, M.D.
25C. FUNERAL DIRECTOR: Mary-Elizabeth Law
ADDRESS: 802 Madison Ave.

VS 150-REV. 1/1/68

RELEASED ON APPROVAL BY M.E. OFFICE 9/14/70

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

Autopsy confirmed the fact

H-4001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9230

BIRTH NO. 70 9230

1. NAME OF DECEASED (Type or Print): Frank C. Hall Jr.

2. DATE AND HOUR OF DEATH: September 15, 1970 | M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 Memorial Apartments

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 14-01

C. CITY OR TOWN: Baltimore City

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 301 McMechen Street

5. SEX: Male

6. RACE: white

7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Sept. 27, 1891

9. AGE (In years last birthday): 78

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesmanager-retired

10B. KIND OF BUSINESS OR INDUSTRY: Automobile Dealer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank C. Hall Sr.

14. MOTHER'S MAIDEN NAME: Lucy Carr

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no

(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 213-03-4510

17. INFORMANT: Family records

ADDRESS

MEDICAL CERTIFICATION

1B. 162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: carcinoma lung, right — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: several mos

DUE TO, OR AS A CONSEQUENCE OF:

(B) with metastasis to low spine & mediastinum. — " "

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6-8- 19 70 to 9-15- 19 70, that (I) (we) last saw the deceased alive on 9-15 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Ellsworth Cook M.D. DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-18-70

23C. PHYSICIAN'S NAME (Type): E. ELLSWORTH COOK M.D. DEGREE

23D. ADDRESS: 2431 MARYLAND AVE. Balto., Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation

24B. DATE: 9-18-70

24C. NAME of CEMETERY or CREMATORY: Greenmount

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970

25B. NAME OF REGISTRAR: Robert E. Gaber, M.D.

25C. FUNERAL DIRECTOR: John Burns Sons

ADDRESS: Towson

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-6101

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 70 9231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9231

1. NAME OF DECEASED (Type or Print): Francis Sharp

2. DATE AND HOUR OF DEATH: 9-12-70 2:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Incl.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore Co 53-00
C. CITY OR TOWN: Timonium
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 105 Meadowvale Road #21093

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6-22-96
9. AGE (In years last birthday): 74
If Under 1 Yr. Months: Days: Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Shipping
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Sharp
14. MOTHER'S MAIDEN NAME: Ellen Kean

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bil. Pul. Embolism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B) Lobar pneumonia.
DUE TO, OR AS A CONSEQUENCE OF:
(C) Generalized Ass CVD

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from 8-31 19 70 to 9-12 19 70 that ~~(I)~~ (we) last saw the deceased alive on 9-12 19 70 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: H. Ranganath DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-13-70.
23C. PHYSICIAN'S NAME (Type): H.S. RANGANATH DEGREE MD
23D. ADDRESS: Henry Hosp. - Bal to.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-16-70
24C. NAME OF CEMETERY or CREMATORY: Dulaney Valley Memorial Gardens
24D. LOCATION (City, town, or county) (State): Cockeysville

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Jabez E. Jabez, M.D.
25C. FUNERAL DIRECTOR: John Burns & Sons
ADDRESS: Towson

VS 150-REV. 1/1/68

S-3511

P. 252

70 9232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9232

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MRS GENEVIEVE STUMP (Pacanowski)

2. DATE AND HOUR OF DEATH: 9-18-70 | 12-20 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL 35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: BALTIMORE 1-02

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 36 S. Potomac Street Balto, MD. 21224

5. SEX: F

6. RACE: W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-9-1902

9. AGE (In years last birthday): 68 yrs

If Under 1 Yr. Months: Days | If Under 24 Hrs. Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NOT KNOWN

14. MOTHER'S MAIDEN NAME: PAULINE SEYMOUR

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: (215-09-9427B) = ~~9-18-70~~

17. INFORMANT: MR JAMES STUMP ADDRESS: 36 S. POTOMAC ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	POST OPERATIVE PULMONARY EMBOLISM	3 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	BLEEDING DUODENAL ULCER	5 months
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	septicemia	3 days

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 9-8-70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: BLEEDING DUODENAL ULCER

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 9-3- 19 70 to 9-18- 19 70 that (I) (we) last saw the deceased alive on 9-18- 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Vasant Datta M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9-18-70

23C. PHYSICIAN'S NAME (Type): VASANT DATTA M.D. DEGREE

23D. ADDRESS: CHURCH HOME & HOSPITAL BALTO. MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/21/70

24C. NAME of CEMETERY or CREMATORY: St. Stanislaus

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970

25B. NAME OF REGISTRAR: Robert E. Tabes, M.D.

25C. FUNERAL DIRECTOR: M. F. SADOWSKI & SONS, ADDRESS: 1808 EASTERN AVE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-236

70 9233

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 9233

REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): KARL W. RICHTER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: September 15, 1970 5:25 P.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 500 W. University Pkwy.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 13-07
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: 8/19/1896
10. AGE (In years last birthday): 74
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 500 W. University Parkway, 12L

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frederick Richter

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Proprietor
14B. KIND OF BUSINESS OR INDUSTRY: Retail Tire Co.
15. MOTHER'S MAIDEN NAME: Sophia Stunckel

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW I
17. SOCIAL SECURITY NO.: 217-03-1388
18. INFORMANT: Charles B. Richter
ADDRESS: 148 Goldenrod Lane Rochester, N.Y. 14623

MEDICAL CERTIFICATION

19. 4/12.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I hold an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum, M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

DATE SIGNED: 9/16/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: Moreland Mem. Park
24D. LOCATION (City, town, or county) (State): Parkville, Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co.
ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 151-REV. 1/1/68

1

C-623 70 9234

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9234

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EDDIE WILLIAM CREST

2. DATE OF DEATH: Known [X] Estimated [ ] Month September Day 16 Year 1970 Hour 4:25 P.M.

3. DATE PRONOUNCED DEAD: Month September Day 16 Year 1970 Hour 4:25 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 9-08
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 517 East 23rd Street

6. SEX: Male
7. RACE: Negro
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 6-22-39
10. AGE (In years last birthday): 31
If Under 1 Yr. If Under 24 Hrs. Months: Days: Hours: Min.:

11. BIRTHPLACE (State or foreign country): Mecklinburg, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Eddie Crest

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Balto. Gas & Elec.
15. MOTHER'S MAIDEN NAME: Luvenia Talley

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes (If yes, give war or dates of service) 8-14-62, 8-13-65
17. SOCIAL SECURITY NO. 246-60-6478
18. INFORMANT: Mrs. Delores Crest ADDRESS: 517 E. 23rd St. 21218

MEDICAL CERTIFICATION

19. E8150

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple injuries
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Baltimore St. E. of Ellicott Drive 90-02

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-16-70 11:25 A.m.
22E. INJURY OCCURRED: WHILE AT WORK [X] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR? Operator of gas-truck, - fixed object collision

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 17, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-21-70
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Marshall W. Jones, Jr. ADDRESS: 1735 Harford Ave. 21213

VS 151-REV. 1/1/68

N869,8 0 0 0 0 2 1 9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9235

BIRTH NO. K-650 70 9235

1. NAME OF DECEASED (Type or Print): Elizabeth Kern

2. DATE AND HOUR OF DEATH: September 15, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1503 East Fort Avenue Baltimore, Maryland

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 24-01

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1503 East Fort Avenue

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 10/11/85

9. AGE (In years last birthday): 84

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: ---------

11. BIRTHPLACE (State or foreign country): Hungary

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Dasch

14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: 220-46-6574

17. INFORMANT: Katherine Breitenbach ADDRESS: 1503 E. Fort Ave.

MEDICAL CERTIFICATION

1B. 153.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Carcinoma of Cecum — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO, OR AS A CONSEQUENCE OF:

with metastases

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C) ~~Generalized asthenia~~

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Generalized arteriosclerosis — 4 yr.

19A. DATE OF OPERATION: 7-2-69

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Mass Rt low. Q of abd.

20A. AUTOPSY? (~~Yes~~ or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 3-12 1969 to 9-15 1970, that (I) (we) last saw the deceased alive on 9-15 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: A. C. Sollod MD DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-16-70

23C. PHYSICIAN'S NAME (Type): A. C. SOLLOD MD DEGREE

23D. ADDRESS: 707 E. FORT AVE, Balto, Md. 21230

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/19/70

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: Charles L. Stevens Funeral Home, INC. ADDRESS: 1501 East Fort Avenue

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-520 70 9236

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9236

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Jones (Joseph)

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month: 9 Day: 13 Year: 70 Hour: 4:47 p.m.

3. DATE PRONOUNCED DEAD — Month: 9 Day: 13 Year: 70 Hour: 4:47 p.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital

39

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 16-02
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 1324 W. Lanvale St.

6. SEX: male 7. RACE: Negro 8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: SEPT-28-1916 10. AGE (In years last birthday): 53 If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME: WILLIE JONES

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SCULPTER & MUSICIAN 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME: ROSETTA ELLIOTTE

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES (If yes, give war or dates of service): WWII 17. SOCIAL SECURITY NO. 083-16-0925 18. INFORMANT: MRS ROSETTA JOHNSON ADDRESS: 1324 W. LANVALE STREET

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

162.1

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Carcinoma of lung with metastases

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
DATE SIGNED: 9/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 9/17/70 24C. NAME of CEMETERY or CREMATORY: Baltimore National 24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970 25B. NAME OF REGISTRAR: [signature] 25C. FUNERAL DIRECTOR: ARLINGTON S. PHILLIPS ADDRESS: 1721-27 N. MONROE ST.

VS 151-REV. 1/1/68

0221

1

B-256 70 9237

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9237

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Aaron Bazemore

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 9 Day 13 Year 70 Hour 9:35 a.m.

3. DATE PRONOUNCED DEAD: Month 9 Day 13 Year 70 Hour 9:35 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
48 Md. Gen. Hosp.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 15-05
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2720 Reistertown Rd.

6. SEX: male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: MARCH 1,1918
10. AGE (In years last birthday): 52
If Under 1 Yr. or Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): WINDSOR, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: AARON C BAZEMORE SR.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONSTRUCTION WORKER
14B. KIND OF BUSINESS OR INDUSTRY: KIRBY & SONS
15. MOTHER'S MAIDEN NAME: OLIVE OUTLAW

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 239-16-0720
18. INFORMANT: JAMES RUFFIN ADDRESS: 3110 VIRGINIA AVENUE

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple injuries
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Charles & Mt. Royal Ave. 11-02

22D. TIME OF INJURY (APPROX.): (Month) 9 (Day) 4 (Year) 70 (Hour) ? m.
22E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR? Subject was fell off a building while working.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
DATE SIGNED: 9/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: CEDAR FORK CEMETERY
24D. LOCATION (City, town, or county) (State): WINDSOR, NORTH CAROLINA

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: ARLINGTON S. PHILLIPS
ADDRESS: 1721-27 N. MONROE ST.

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. B-620 70 9238

REG. NO. 70 9238

1. NAME OF DECEASED (Type or Print): Sherman L. Brooks

2. DATE AND HOUR OF DEATH: 9-15-70 9:30p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): DOA Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 13-48
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1424 Dellwood Avenue

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-3-04
9. AGE (In years last birthday): 66 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Man(retired)
10B. KIND OF BUSINESS OR INDUSTRY: Baltimore Gas & Elec.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward L. Brooks
14. MOTHER'S MAIDEN NAME: Mary Arrington
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-05-4257A
17. INFORMANT: Mrs. Mary Brooks — ADDRESS: 1424 Dellwood Ave.

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction - immediate

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Heart Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/2 1965 to 9/15 1970, that (I) (we) last saw the deceased alive on 9/10 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did)~~ (did not) view the body after death.

23A. SIGNATURE: Donald H. Dembo DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/16/70
23C. PHYSICIAN'S NAME (Type): Donald H. Dembo M.D. DEGREE
23D. ADDRESS: 827 Linden Ave.; Baltimore, MD 21210

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/19/70
24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Pauline E. Fallon, M.D.
25C. FUNERAL DIRECTOR: Ann Donovan — ADDRESS: 3818 Roland Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

T-651 70 9239

BIRTH NO. 70-03401

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9239

1. NAME OF DECEASED (Type or Print): Shannon ~~Trebbia~~ Trembly

2. DATE OF DEATH — Known ☐ Estimated ☐ — Month 9 Day 14 Year 70 Hour 4:30 a. m.

3. DATE PRONOUNCED DEAD — Month 9 Day 14 Year 70 Hour 4:30 a. m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): City Hospital

31

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 26-52
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5226 Frankfurt Avenue

6. SEX: female

7. RACE: White

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH

10. AGE (in years last birthday) — If Under 1 Yr. or Under 24 Hrs. Months: 7 Days: II Hours: Min.:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ralph Trembly

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Joyce Clayman

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: no

18. INFORMANT: Ralph Trembly ADDRESS: 5226 Frankfort Avenue

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E988.X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Subdural hematoma

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 5226 Frankfurt Avenue

22D. TIME OF INJURY (APPROX.) (Month) ? (Day) ? (Year) ? (Hour) ? m.

22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR? unk.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☒

ACTUAL SIGNATURE: Peter Lipkovic M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

DATE SIGNED: 9/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-16-70

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970

25B. NAME OF REGISTRAR: Robert E. Foxberg M.D.

25C. FUNERAL DIRECTOR: WALTER DABROWSKI ADDRESS: 1005 DUNDALK AVENUE

VS 151-REV. 1/1/68

N 852.0

0 0 8 3 2 4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9240

BIRTH NO. P-5/6 70 9240

1. NAME OF DECEASED (Type or Print): MAMIE M. PEMBERTON

2. DATE AND HOUR OF DEATH: SEPT. 17, 1970 7:15 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): KENESAW NURSING HOME 2601 ROSLYN AVE. BALTIMORE MD. 21216

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: BALTIMORE CITY

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1708 PIN OAK RD. 53-00

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: DEC. 28, 1876

9. AGE (In years last birthday): 93

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER

10B. KIND OF BUSINESS OR INDUSTRY: HOTEL

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN ROTH

14. MOTHER'S MAIDEN NAME: LEONA GAMP

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-09-2610

17. INFORMANT: ROBERT W. PEMBERTON (SON) ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Terminal bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 dy.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic cardio-vascular disease — Few years.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Apr 1969 to Sept. 17 1970, that (I) (we) last saw the deceased alive on Sept. 17 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Robt. B. Wright M.D. DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/18/70

23C. PHYSICIAN'S NAME (Type): Dr. R. B. WRIGHT M.D. DEGREE

23D. ADDRESS: MEDICAL ARTS BUILDING

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9/21/70

24C. NAME of CEMETERY or CREMATORY: BALTO. NAT. CEM

24D. LOCATION (City, town, or county) (State): BALTIMORE MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970

25B. NAME OF REGISTRAR: Robert E. Talbert M.D.

25C. FUNERAL DIRECTOR: JOSEPH L. CANBY ADDRESS: 1301 HUBNER AVE

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-523 70 9241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9241

1. NAME OF DECEASED (Type or Print): Maggie Poinsette R. (Ponsett)

2. DATE AND HOUR OF DEATH: 9-16-70 6:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 5-01
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 130 Aisquith St

5. SEX: Female
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 6-9-1901
9. AGE (In years last birthday): 69
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-03-1658
17. INFORMANT: Albert Holder ADDRESS: 328 E. 28th Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Broncho-pneumonia
DUE TO, OR AS A CONSEQUENCE OF:
(B) Abscess left lung
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Far-advanced ASCVD

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 9/14 1970 to 9/16 1970 that ~~(I)~~ (we) last saw the deceased alive on 9/16 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Patrick A Molony MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): PATRICK A. MOLONY MD DEGREE
23D. ADDRESS: MERCY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/21/70
24C. NAME of CEMETERY or CREMATORY: Balto National Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 18 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Wm C March ADDRESS: 928 E. North Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 9242

S-340

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9242

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JAMES W. STALEY

2. DATE OF DEATH — Known [X] Estimated [ ] — Month September, Day 18, Year 1970, Hour ___ M.

3. DATE PRONOUNCED DEAD — Month September, Day 18, Year 1970, Hour 2:19 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore

6. SEX: Male

7. RACE: White

8. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Reisterstown

D. INSIDE CITY LIMITS? YES [ ] NO [ ]

9. DATE OF BIRTH: August 7, 1935

10. AGE (In years last birthday): 35 — If Under 1 Yr. Months ___ Days ___ If Under 24 Hrs. Hours ___ Min. ___

E. STREET AND NUMBER: 4112 Valley Meadow Circle

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Carl Staley

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY: Aluminum Industry

15. MOTHER'S MAIDEN NAME: Elvira Denny

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): Korean

17. SOCIAL SECURITY NO. 213-32-6226

18. INFORMANT: Betty Jane Staley ADDRESS: 411 Valley Meadow C Reisterstown, Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Laceration of heart

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Washington Blvd near Old Washington Blvd

22D. TIME OF INJURY (APPROX.) (Month) 9 (Day) 18 (Year) 70 (Hour) 1:47 P.m.

22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]

22F. HOW DID INJURY OCCUR? Driver of car which hit pole

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: 9-19-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Sept. 21, 1970

24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Pk.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: H. J. Eckhardt ADDRESS: Owings Mills, Md.

VS 151-REV. 1/1/68

N 84102 0 0 3 0 8 2 2 7

P-150 70 9243

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9243

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): John Ralph Pavon

2. DATE AND HOUR OF DEATH: 9-17-70 2 40/P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Gould Convalesarium

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-31
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5901 Grace Ave.

5. SEX: Male
6. RACE: Cauc.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-11-89
9. AGE (In years last birthday): 81
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Credit Adjuster
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cuba
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Pavon
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-10-3010
17. INFORMANT: Mrs Margaret L Pavon
ADDRESS: Same

MEDICAL CERTIFICATION

18. 4329 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Multiple Strokes — —

DUE TO, OR AS A CONSEQUENCE OF:

(B) Basilar Artery Insufficiency — 4 years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerosis, generalized

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Recent urinary tract infection
Congestive Heart Failure

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 7/13/1965 to 9/17/1970 that (I) ~~(we)~~ last saw the deceased alive on 9/15/1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did)~~ (did not) view the body after death.

23A. SIGNATURE: Albert B Bradley DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/18/70
23C. PHYSICIAN'S NAME (Type): Dr Albert Bradley DEGREE
23D. ADDRESS: 4900 Belair Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-21-70
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Talbot, M.D.
25C. FUNERAL DIRECTOR: Leonard J Buck Inc.
ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

1

F-425 70 9244

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9244

44/99

1. NAME OF DECEASED (Type or Print): WILLIAM J. FLEISHMAN

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month: September; Day: 16; Year: 1970; Hour: M.

3. DATE PRONOUNCED DEAD — Month: September; Day: 16; Year: 1970; Hour: 7:05 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-35
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3102 Harview Avenue

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: Sept. 21, 1909
10. AGE (In years last birthday): 60
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Fleishman
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY: Gas & Elect. Co.
15. MOTHER'S MAIDEN NAME: Anna L Markley
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 212-05-3989
18. INFORMANT: Mrs Esther M Fleishman ADDRESS: Same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.): 412.4 Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: September 17, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-19-70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. ADDRESS: Balto. Md. 21214

VS 151-REV. 3/1/68

K-510

BIRTH NO. 70 9245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9245

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Clarence G. Kemp Jr.

2. DATE AND HOUR OF DEATH: 9-16-70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-44
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3305 Mary Ave.

5. SEX: Male
6. RACE: Cauc.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-16-12
9. AGE (In years last birthday): 58
If Under 1 Yr. Months Days — If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Truck Rental
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence G Kemp
14. MOTHER'S MAIDEN NAME: Alice Shook

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-03-6359
17. INFORMANT: Mrs Virginia D Kemp — ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Coronary Thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO, OR AS A CONSEQUENCE OF: ASCVD — years
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1966 to Sept 16th 1970 that (I) (we) last saw the deceased alive on Sept 9th 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: George H. Beck DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/17/70
23C. PHYSICIAN'S NAME (Type): Dr. George H Beck DEGREE
23D. ADDRESS: 6012 Harford Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-19-70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Leonard J Ruck Inc. — ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-422 70 9246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9246

1. NAME OF DECEASED (Type or Print): Kazmiera Chelchowska ~~Xxxxxxxxxxx~~

2. DATE AND HOUR OF DEATH: Sept. 15, 1970 | 9:10 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5611 Hilltop Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 27-34
C. CITY OR TOWN: Balto D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5611 Hilltop Ave.

5. SEX: Female 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 4, 1894 ~~Xxxxxxxxxx~~ 9. AGE (In years last birthday): 75 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Zglinicki
14. MOTHER'S MAIDEN NAME: Maryanna

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213 01 7033
17. INFORMANT: Mr. Joseph Bauernschub ADDRESS: 5102 Pembroke Ave., Balto

MEDICAL CERTIFICATION

18. 412.2 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: CEREBRAL HEMORRHAGE — 33 HOURS.
DUE TO, OR AS A CONSEQUENCE OF:
(B) HYPERTENSION — 10-20 YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(C) C-V ARTERIOSCLEROSIS — 10-20 YEARS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) [redacted] attended the deceased from SEPT. 12, 1970 to SEPT. 15, 1970 that (I) [redacted] last saw the deceased alive on SEPT 14, 1970 and that in (my) [redacted] opinion death occurred on the date and hour and from the causes stated above. (I) [redacted] (did) [redacted] view the body after death.

23A. SIGNATURE: Albert C. Herrmann, M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: SEPT. 16, 1970
23C. PHYSICIAN'S NAME (Type): Dr. A. C. Herrmann DEGREE
23D. ADDRESS: 5525 Belair Rd., Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Lantz, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. ADDRESS: Balto. Md. 21214

VS 150-REV. 1/1/68

B-260 70 9247

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9247

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): HARRY J. BECKER

2. DATE AND HOUR OF DEATH: 9/18/70 3:15 AM A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4/4 The Union Memorial Hospital Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 12-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2726 N. Calvert Street

5. SEX: MALE
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2/13/98
9. AGE (In years last birthday): 72
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Harry J. Becker, Jr.
14. MOTHER'S MAIDEN NAME: Ella Nat Known
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: 214-40-6354
17. INFORMANT: ~~[illegible]~~ Helen S Becker
ADDRESS: Same

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 436.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: probable CVA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ~24hr.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/18 1970 to 9/18 1970 that (I) (we) last saw the deceased alive on 9/18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. S. Hauk M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/18/70
23C. PHYSICIAN'S NAME (Type): E. S. HAUK JR. M.D. DEGREE
23D. ADDRESS: 1519 E. MONUMENT ST., BALT.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/21/70
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Pk
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Tarbert M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. Balto. Md.
ADDRESS:

VS 150-REV. 1/1/68

W-536 70 9248

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9248

1. NAME OF DECEASED (Type or Print): Adam Winterstein

2. DATE AND HOUR OF DEATH: 9-15-70 11 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Gould Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto. Co 53-00

C. CITY OR TOWN: Fullerton D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 4505 Fitch Ave.

5. SEX: Male 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12-29-18 9. AGE (In years last birthday): 51 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked

10B. KIND OF BUSINESS OR INDUSTRY: Never Worked

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George C. Winterstein

14. MOTHER'S MAIDEN NAME: Matilda Laudenklos

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-48-0214

17. INFORMANT: May E. Fitch ADDRESS: 4501 Fitch Ave.

CAUSE OF DEATH

MEDICAL CERTIFICATION

1B. 344.31

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Septicemia. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: wks-2-3.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Extensive infected Decubitus ulceration. 6-8 mos.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

Dysphagia. Gaucher Phagia present for many years.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (verify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1960 19 to 9-15 1970, that (I) (we) last saw the deceased alive on 9-10 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did not) view the body after death.

23A. SIGNATURE: John C. Hyle DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-17-70

23C. PHYSICIAN'S NAME (Type): JOHN C. Hyle MD DEGREE

23D. ADDRESS: 7527 Belair Rd Baltimore 21236 Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-19-70

24C. NAME of CEMETERY or CREMATORY: Belair Memorial Gardens

24D. LOCATION (City, town, or county): Belair (State): Harford Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: [illegible] M.D.

25C. FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS: 7401 Belair Rd. 21236

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-424 70 9249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9249

1. NAME OF DECEASED (Type or Print): Blackwell, Bertha Ray

2. DATE AND HOUR OF DEATH: 9-18-70 7:54 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Balto. General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: md. B. COUNTY: 25-34

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3613 Sixth St.

5. SEX: F 6. RACE: W 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 11-20-95 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): S. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. P. Hucks

14. MOTHER'S MAIDEN NAME: Marietta Jones

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 218-28-2248B

17. INFORMANT: Samuel A. Blackwell Sr. ADDRESS: 3616 Sixth Street

CAUSE OF DEATH

18. 410.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Myocard. Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B) Congestive Heart failure

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/18/20 19 to 9/18/20 19, that (I) (we) last saw the deceased alive on 9/18/20 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/18/70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/21/70

24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery

24D. LOCATION (City, town, or county) (State): Glen Burnie Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. [illegible], M.D.

25C. FUNERAL DIRECTOR: McGully Funeral Home ADDRESS: 237 Patapsco Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-600 70 9250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9250

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Lettie Gray

2. DATE AND HOUR OF DEATH: 9-16-70 @ 6 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Belton Hill Nsg. & Convalescent Center 1400 John St. Balto., Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 14-03

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 1801 Division St.

5. SEX: Female

6. RACE: Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 1-26-06

9. AGE (In years last birthday): 64

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic

10B. KIND OF BUSINESS OR INDUSTRY: Private Families

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thos. Potts

14. MOTHER'S MAIDEN NAME: Hennietta Banks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-05-4523

17. INFORMANT: Admission Record - Belton Hill

ADDRESS:

MEDICAL CERTIFICATION

18. 412.21

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Hypertensive CVdisease	years
(B) DUE TO, OR AS A CONSEQUENCE OF:	Uremic encephalopathy	years
(C) DUE TO, OR AS A CONSEQUENCE OF:	arteriosclerosis, gen	years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: White At Work ☐ Not White At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/3 1970 to 9/16 1970, that (I) (we) last saw the deceased alive on 9/16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. Macht DEGREE

Attending Phys. ☐ Med. Director ☒ Staff Phys. ☐

23B. DATE SIGNED: 9/17/70

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE

23D. ADDRESS: 2 E. Read St Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/21/70

24C. NAME of CEMETERY or CREMATORY: Balto. national

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. Tilley M.D.

25C. FUNERAL DIRECTOR: Chatman & Funeral Home

ADDRESS: 1701 McCulloh St. 21217

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 9251

G-320

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9251

1. NAME OF DECEASED (Type or Print): CHARLES GETZ, Jr. E.

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 16,1970 Hour 5:48 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GENERAL HOSPITAL

43

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: B.C.O. 52-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 5231 4th Street

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: Feb. 27,1944
10. AGE (In years last birthday): 26 ~~XX~~ 25
If Under 1 Yr. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles E. Getz, Sr.
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Catering
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Whitaker
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): ~~XXXXXXXX~~ 1962 to 1968
17. SOCIAL SECURITY NO.: 219 40 4168
18. INFORMANT: Charles E. Getz, Sr. ADDRESS: Same

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple Trauma (Blast Injury)
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Cedar Room Bar
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3812 Ritchie Highway 52-00
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-16-70 A.M.
22E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR? Subject involved in an explosion

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/16/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.
25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 151-REV. 1/1/68

N868.0 70 8 20 8 2 8 6

M-222 70 9252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9252

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNA MACIEJCZYK

2. DATE AND HOUR OF DEATH: SEPT. 15, 1970 9:05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL 100 N. BROADWAY BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 26-05
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 511 S. TOLNA ST.

5. SEX: F
6. RACE: W
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-15-1895
9. AGE (In years last birthday): 75
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? POLAND

13. FATHER'S NAME: JOHN MARKOW
14. MOTHER'S MAIDEN NAME: PAULINE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): 232 09 4191
16. SOCIAL SECURITY NO.: 9XXXXXXXX
17. INFORMANT: MRS. ALEXANDRIA JENKINS
ADDRESS: 511 S. TOLNA ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

153.8

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PULMONARY EMBOLISM — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: FEW HOURS (?)
DUE TO, OR AS A CONSEQUENCE OF:
(B) THROMBOPHLEBITIS — 3 DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(C) INACTIVITY SEC. TO SURGERY — 4 DAYS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): CARCINOMA OF COLON — 4 YEARS

19A. DATE OF OPERATION: 9-11-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ESOPHAGITIS GASTRITIS HIATAL HERNIA
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8-18 1970 to 9-15 1970 that (I) ~~(we)~~ last saw the deceased alive on SEPT. 15 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Carlito C. Tabora, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9-15-70
23C. PHYSICIAN'S NAME (Type): CARLITO C. TABORA, MD DEGREE
23D. ADDRESS: 100 N. BROADWAY BALTIMORE 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/19/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Mem. Pk.
24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Isabel E. Talbert M.D.
25C. FUNERAL DIRECTOR: George J. Gonce
ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Baltimore (Md)

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. T-100 70 9253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9253

1. NAME OF DECEASED (Type or Print): Tobey, Loretta ~~Emma~~ Emma

2. DATE AND HOUR OF DEATH: 9-16-70 5:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: South Baltimore General Hosp.
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1606 Cerce St

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 6-21-09
9. AGE (In years last birthday): 62
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Jacob Lulay
14. MOTHER'S MAIDEN NAME: Eaton ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Doris Hamilton
ADDRESS: 1606 Cerce St

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
450 X

(A) IMMEDIATE CAUSE: Pulmonary & Cerebral Embolism
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Chronic obstructive Airway Disease & Dehydration

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-14 1970 to 9-16 1970, that (I) (we) last saw the deceased alive on 9-16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C. C. Ugorji MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-16-70
23C. PHYSICIAN'S NAME (Type): C. C. UGORJI MD DEGREE
23D. ADDRESS: SOUTH BALTIMORE GEN. HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/19/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Mem. Pk.
24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: Gonce Funeral Home
ADDRESS: George J. Gonce 4001 Ritchie Hgy.

VS 150-REV. 1/1/68

BIRTH NO. G-515 70 9254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9254

1. NAME OF DECEASED (Type or Print): MINNIE GUMPMAN

2. DATE AND HOUR OF DEATH: 8-29-70 | 9:00 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Ashburton House Nursing Home

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3520 Hilton Rd, Baltimore, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland | B. COUNTY: 15-11

C. CITY OR TOWN: Baltimore | D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 3520 Hilton Street

5. SEX: Female | 6. RACE: White | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 1-10-90 | 9. AGE (In years last birthday): 80 | If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 217-54-3376

17. INFORMANT: Attorney | ADDRESS: Mr. Robt. J. Dougherty 215 E. Fayette St. Baltimore, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral thrombosis — 1 week

DUE TO, OR AS A CONSEQUENCE OF:

(B) Cerebral arteriosclerosis — unknown

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Rheumatoid arthritis — unknown

19A. DATE OF OPERATION: 0 | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO | 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from March 12, 1969 to August 29 1970 that (I) (~~we~~) last saw the deceased alive on August 26 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Abraham B. Hurwitz MD DEGREE | Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐ | 23B. DATE SIGNED: Aug. 29, 1970

23C. PHYSICIAN'S NAME (Type): ABRAHAM B. HURWITZ MD DEGREE | 23D. ADDRESS: 7501 LIBERTY ROAD, BALTIMORE MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial | 24B. DATE: 9/16/70 | 24C. NAME of CEMETERY or CREMATORY: Holy Cross Cemetery | 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970 | 25B. NAME OF REGISTRAR: [illegible] | 25C. FUNERAL DIRECTOR: George J. Gonce | ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-340 70 9255 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9255

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DANIEL W. RIDDLE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month September Day 16 Year 1970 Hour 3:13 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 SOUTH BALTO. GENERAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 23.02
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 7 West Randall Street

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. DATE OF BIRTH: Aug.5,1927
10. AGE (In years last birthday): 43 (If Under 1 Yr. or Under 24 Hrs. Months, Days, Hours, Min.)

11. BIRTHPLACE (State or foreign country): Bobtown Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Riddle

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ironworker
14B. KIND OF BUSINESS OR INDUSTRY: Bethlem Steel
15. MOTHER'S MAIDEN NAME: Julia Coffey

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service): none
17. SOCIAL SECURITY NO.
18. INFORMANT: Mary Lewis ADDRESS: 412 Grindall St.

MEDICAL CERTIFICATION

19. 412.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Fatty metamorphosis of liver

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
DATE SIGNED: 9/16/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery
24D. LOCATION (City, town, or county) (State): Ritchie Highway Balto.Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: KRAUSE FUNERAL HOME ADDRESS: 1216S.CharlesSt.

VS 151-REV. 7/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. B-500 70 9256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9256

1. NAME OF DECEASED (Type or Print): KATHERINE BAUM

2. DATE AND HOUR OF DEATH: 9/15/70 | 4:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 27-17

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 4900 PEMBRIDGE AVENUE

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9. AGE (In years last birthday): 62 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): ~~NX~~ BELAIR, MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BENJAMIN ROSENTHAL

14. MOTHER'S MAIDEN NAME: ANNA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-36-9366

17. INFORMANT: MR. LEON BAUM, 4900 PEMBRIDGE AVE. #21215 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 410.9

(A) IMMEDIATE CAUSE: MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 HRS.

DUE TO, OR AS A CONSEQUENCE OF:

(B) ARTERIOSCLEROTIC HEART DISEASE — 5 YRS.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from MARCH 19 70 to SEP. 15, 19 70 that (I) (~~we~~) last saw the deceased alive on SEP. 1, 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Marvin Goldstein, M.D. DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-15-70

23C. PHYSICIAN'S NAME (Type): MARVIN GOLDSTEIN, M.D. DEGREE

23D. ADDRESS: 6001 PARK HEIGHTS AVE. BALTO., MD. 21215

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-17-70

24C. NAME of CEMETERY or CREMATORY: CHIZUK AMUNO (ARLINGTON)

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD ADDRESS

VS 150-REV. 1/1/68

1

F-630 70 9257

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9257

1. NAME OF DECEASED (Type or Print): WILLIAM A. FRID

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: September 15, 1970 5:30 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 2914 Glen Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-40
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2914 Glen Avenue

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED XX WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 8-8-1950
10. AGE (In years last birthday): 20
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: HARRY FRID
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
14B. KIND OF BUSINESS OR INDUSTRY: SCHOOL
15. MOTHER'S MAIDEN NAME: LILLIAN FINE
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: MR. HARRY FRID, 2914 GLEN AVENUE ADDRESS #21215

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intravenous narcotism
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/16/70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-17-70
24C. NAME of CEMETERY or CREMATORY: AGUDAS ACHIM ANSHE SFARD
24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970 Robert E. Faubey M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS 6010 REISTERSTOWN ROAD

VS 151-REV. 7/1/68

G-432

BIRTH NO. 70 9258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9258

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Samuel Goldstein

2. DATE AND HOUR OF DEATH: 9-17-1970 7:00 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Levindale Hebrew Home and Infirmary

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 27-19
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5824 JONQUIL AVENUE

5. SEX: Male
6. RACE: Caucasian
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: XXXXXXXXXXX
9. AGE (In years last birthday): XX 79
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRESSER
10B. KIND OF BUSINESS OR INDUSTRY: CLOTHING
11. BIRTHPLACE (State or foreign country): ~~XXXXXXXXXX~~ RUSSIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ABRAHAM GOLDSTEIN
14. MOTHER'S MAIDEN NAME: UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): N
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MR. JACK GOLDSTEIN, 5824 JONQUIL AVE. #15
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

431.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intracerebral hemorrhage — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-11 1962 to 9-17 1970 that (I) (we) last saw the deceased alive on 9-17 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Theodore R. Reiff MD DEGREE
Attending Phys. ☐ Med. Director ☒ Staff Phys. ☐
23B. DATE SIGNED: 9-18-1970
23C. PHYSICIAN'S NAME (Type): Theodore R. Reiff, M.D. DEGREE
23D. ADDRESS: Levindale Hebrew Home and Infirmary

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-18-70
24C. NAME of CEMETERY or CREMATORY: LIBERTY PARK
24D. LOCATION (City, town, or county) (State): RANDALLSTOWN, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.,
ADDRESS: 6000 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

BIRTH NO. L-253 70 9259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9259

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): HYMAN LA CHANT

2. DATE AND HOUR OF DEATH: SEPTEMBER 17, 1970 — 7 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2909 FALLSTAFF ROAD, APT. 25
00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 27-30
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2909 FALLSTAFF ROAD, APT. 25

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-17-1896
9. AGE (In years last birthday): 74
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10B. KIND OF BUSINESS OR INDUSTRY: RETAIL
11. BIRTHPLACE (State or foreign country): POLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ABRAHAM M. LA CHANT
14. MOTHER'S MAIDEN NAME: MINDEL ROSETT
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. ANNA LA CHANT, 2909 FALLSTAFF RD., APT. 25

MEDICAL CERTIFICATION

I — 1B. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Acute myocardial Infarction — 1 day

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Heart Disease — 2 years

DUE TO, OR AS A CONSEQUENCE OF:

(C) none

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): none

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from May 4 1968 to Sept 17 1970, that (I) (~~we~~) last saw the deceased alive on Sept 17 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Manuel Levin M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/18/70
23C. PHYSICIAN'S NAME (Type): MANUEL LEVIN DEGREE
23D. ADDRESS: 6101 PARK HEIGHTS AVENUE BALTO-15 MD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-18-70
24C. NAME of CEMETERY or CREMATORY: BETH JACOB
24D. LOCATION (City, town, or county) (State): FINKSBURG, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 7-523 70 9260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9260

1. NAME OF DECEASED (Type or Print): BENJAMIN FEINSTEIN

2. DATE AND HOUR OF DEATH: SEPTEMBER 17, 1970 | 1:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JEWISH CONVALESCENT HOME

70

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 27-16

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 4601 PALL MALL ROAD

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH:

9. AGE (In years last birthday): 79

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BAKER

10B. KIND OF BUSINESS OR INDUSTRY: BAKERY

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-07-9158

17. INFORMANT: MR. LEROY FEINSTEIN

ADDRESS: 4048 CARTHAGE RD., #21133

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 151.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Anemia & electrolyte unb

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of the stomach 2 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

0

19A. DATE OF OPERATION: 0 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 0

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Dec 5 1968 to 9-17 1970, that (I) (we) last saw the deceased alive on 9-15 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H Gerald Oster DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/17/70

23C. PHYSICIAN'S NAME (Type): H. GERALD OSTER DEGREE

23D. ADDRESS: 6821 REISTERSTOWN ROAD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-18-70

24C. NAME of CEMETERY or CREMATORY: CHIZUK AMUNO (ARLINGTON)

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. Taylor M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

0 0 8 2 4 5

32-43-48 djs

W-600 70 9261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9261

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WARE, WILLIAM

2. DATE AND HOUR OF DEATH: 9/18/70 1:15 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospital 3/4940 Eastern Ave, 21224.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 15-06
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2956 West North Avenue 21216

5. SEX: Male
6. RACE: Negro
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11/27/1908
9. AGE (In years last birthday): 62
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM WARE
14. MOTHER'S MAIDEN NAME: LINA QUARLER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: 4940 Eastern Avenue ADDRESS: BCH: Records Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: URINARY TRACT INFECTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 WEEKS

DUE TO, OR AS A CONSEQUENCE OF:

(B) CHRONIC BRAIN SYNDROME

DUE TO, OR AS A CONSEQUENCE OF:

(C) PARKINSON'S DISEASE

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). DEEP DECUBITI OVER SACRUM

19A. DATE OF OPERATION: 11/14/69
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: LOW PRESSURE HYDROCEPALUS
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 11/26/1969 to 9/18/1970 that (I) (we) last saw the deceased alive on 9/18/1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. ✓

23A. SIGNATURE: DBRao DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9/18/70
23C. PHYSICIAN'S NAME (Type): D. B. RAO DEGREE
23D. ADDRESS: 4940 Eastern Avenue Baltimore City Hospital, Baltimore, 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-23-70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-100 70 9262

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9262

1. NAME OF DECEASED (Type or Print): GERTRUDE L. SWABY

2. DATE OF DEATH: Known [X] Estimated [ ] Month September Day 17 Year 1970 Hour M.

3. DATE PRONOUNCED DEAD: Month September Day 17 Year 1970 Hour 9:55 P M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 16-05

6. SEX: Female

7. RACE: Negro

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: Nov 4 1892

10. AGE (In years last birthday): 77
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 2300 Calverton HGTS.

11. BIRTHPLACE (State or foreign country): Calvert Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Phillip Forbes

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

14B. KIND OF BUSINESS OR INDUSTRY: At Home

15. MOTHER'S MAIDEN NAME: Ida Weems

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Myrtle Bowles ADDRESS: 2300 Calverton Hgts

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: 9-19-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-22-70

24C. NAME of CEMETERY or CREMATORY: Mt Calvary

24D. LOCATION (City, town, or county) (State): Balto Md 21225

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. Fayberg M.D.

25C. FUNERAL DIRECTOR: Morgan W. Hugh ADDRESS: 658 N Gremont St

VS 151-REV. 1/1/68

1

70 9263

S-451

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9263

1. NAME OF DECEASED (Type or Print): ARTHUR H. SCHWALLENBERG

2. DATE OF DEATH — Known [X] Estimated [ ] — Month Day Year: September 18, 1970 — Hour: M.

3. DATE PRONOUNCED DEAD — Month Day Year: September 18, 1970 — Hour: 1:30 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital (DOA)

48/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto. 53-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3932 McDowell Lane.

6. SEX: Male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 12/20/29
10. AGE (In years last birthday): 41 ~~40~~ — If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George T. Schwallenberg

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown
14B. KIND OF BUSINESS OR INDUSTRY: ——
15. MOTHER'S MAIDEN NAME: Mabel ??

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes
(If yes, give war or dates of service): Korean
17. SOCIAL SECURITY NO.: unknown
18. INFORMANT: Betty Schwallenberg — ADDRESS: Glen Burnie 303 Burwood Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E955 X

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of trunk
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Partial

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In car on street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): In auto in front of 1020 Deal Alley

11-12

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-18-70 Noon m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Shot self with rifle

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] (Partial) and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [X] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: 9-19-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/22/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery
24D. LOCATION (City, town, or county) (State): Glen Burnie Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR — ADDRESS: McCully Funeral Home 237 Patapsco Ave.

VS 151-REV. 7/1/68

T-460 70 9264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 9264

BIRTH NO.

1. NAME OF DECEASED (Type or Print): TYLER, Mary

2. DATE AND HOUR OF DEATH: 9/17/70 | 8:40 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundle 52-10
C. CITY OR TOWN: Annapolis
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 312 Severn Avenue

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 6/19/17
9. AGE (In years last birthday): 53
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Melvin Steedman
14. MOTHER'S MAIDEN NAME: Carrie Miller

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: none
17. INFORMANT: George S. Tyler 312 Severna Ave. ADDRESS: Annapolis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Metastatic ca of Liver — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 months
DUE TO, OR AS A CONSEQUENCE OF: Pulmonary edema 9d
(B) DUE TO, OR AS A CONSEQUENCE OF: Generalized Metastatic Ca (Lung)
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/8 1970 to 9/17 1970 that (I) (we) last saw the deceased alive on 9/15 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hamid DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/18/70
23C. PHYSICIAN'S NAME (Type): Hamid M. Mehdizadeh DEGREE
23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/21/70
24C. NAME of CEMETERY or CREMATORY: Cedar Hill Cemetery
24D. LOCATION (City, town, or county) (State): Ritchie Hwy. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.A.
25C. FUNERAL DIRECTOR: McCully Funeral Home
ADDRESS: 237 Patapsco Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

C-200 70 9265

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 9265

REG. NO.

BIRTH NO.

43/99

1. NAME OF DECEASED (Type or Print): DEPHIA COOK

2. DATE OF DEATH — Known [X] Estimated [ ] — Month: September, Day: 18, Year: 1970, Hour: M.

3. DATE PRONOUNCED DEAD — Month: September, Day: 18, Year: 1970, Hour: 5:20 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Baltimore General Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 25-34
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3524 6th St.

6. SEX: Female
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: April 5, 1913
10. AGE (In years last birthday): 57
If Under 1 Yr. or Under 24 Hrs. — Months: Days: Hours: Min.:

11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Freeland White

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: ----
15. MOTHER'S MAIDEN NAME: Venia Workman

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: none
18. INFORMANT: Omer C. Cook — ADDRESS: 3524 Sixth Street Balto.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

571.8

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty metamorphosis of liver

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 7
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: 9-19-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/22/70
24C. NAME of CEMETERY or CREMATORY: Memory Gardens
24D. LOCATION (City, town, or county) (State): Madison West Virginia

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: McCully Funeral Home — ADDRESS: 237 Patapsco Ave.

VS 151-REV. 1/1/68

K-252

BIRTH NO. 70 9266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9266

1. NAME OF DECEASED (Type or Print): ROSE C. KOCHANSKI

2. DATE AND HOUR OF DEATH: 9/16/70 12:24 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 37 MERCY Hospital

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD.

B. COUNTY: 26-05

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 338 IMLA ST. #21224.

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: OCT. 27, 1890

9. AGE (In years last birthday): 79

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL ZYBLEWSKI

14. MOTHER'S MAIDEN NAME: ANNA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: JEROME J. KOCHANSKI

ADDRESS: SAME.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cerebral Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinomatosis

DUE TO, OR AS A CONSEQUENCE OF:

(C) Uterine Carcinoma

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

ASCVD

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9.14 19 70 to 9-16-70 19 that (I) (we) last saw the deceased alive on 9.16.70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J Gerard Crowley DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9.16.70

23C. PHYSICIAN'S NAME (Type): J. GERARD CROWLEY DEGREE

23D. ADDRESS: MERCY Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-19-70

24C. NAME of CEMETERY or CREMATORY: ST. STANISLAUS CEM.

24D. LOCATION (City, town, or county) (State): 6515 BOSTON AVE, BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.

25C. FUNERAL DIRECTOR: Charles L. Geiler

ADDRESS: 401 S. CONKLING ST. BALTO., 21224, MD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased priar to death); and (6) No physician was in regular attendance on the deceased priar to death. Such written appraval must be obtained before the remains are embalmed or final dispasition is made.

1

P-230

BIRTH NO. 70 9267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9267

1. NAME OF DECEASED (Type or Print): Pigott, Homer R.

2. DATE AND HOUR OF DEATH: 9-15-70 | 5:50 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pleasant Manor Nursing Home, 4615 Park Heights Avenue

90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Anne Arundel Co 52-00
C. CITY OR TOWN: Pasadena Md D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Route 2 Bayside Beach, Box 449

5. SEX: M
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4 July 1911
9. AGE (In years last birthday): 59 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Homer S. Pigott
14. MOTHER'S MAIDEN NAME: Florence Harbert
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 218-10-9016
17. INFORMANT: Mrs. Florence Pigott, same as 4 ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

410.9

(A) IMMEDIATE CAUSE: Myocardial Infarction, acute — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7/15 1970 to 9/15 1970, that (I) (~~we~~) last saw the deceased alive on 9/7 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~and~~) (did not) view the body after death.

23A. SIGNATURE: Frank Kuehn DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): Frank Kuehn, M. D. DEGREE
23D. ADDRESS: Medical Arts Bldg., Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 19 Sept. 70
24C. NAME of CEMETERY or CREMATORY: Meadowridge Memorial Park
24D. LOCATION (City, town, or county) (State): Elkridge, Howard Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Lake, M.D.
25C. FUNERAL DIRECTOR: Kirkley Funeral Home, Glen Burnie, Md. ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-320 70 9268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9268

1. NAME OF DECEASED (Type or Print): RHODES, LEROY ----

2. DATE AND HOUR OF DEATH: SEPTEMBER 15, 1970 7:30P .M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL WILKENS & CATON AVES. BALTIMORE, MARYLAND 21229

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTIMORE (4) 53-00

C. CITY OR TOWN: ~~BALTIMORE~~ ARBUTUS D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 943 CIRCLE DRIVE

5. SEX: MALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 01 16 01 9. AGE (In years last birthday): 69 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER 10B. KIND OF BUSINESS OR INDUSTRY: U.S. GOVT.

11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PHILIP RHODES 14. MOTHER'S MAIDEN NAME: EMILY SLATER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219 01 5353

17. INFORMANT: Mrs. Druid H. Rhodes, 943 Circle Dr. ADDRESS: ST AGNES RECORDS WILKENS & CATON AVES.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

204.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Chronic lymphocytic leukemia — 3 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Bronchopneumonia

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 28, 19 70 to SEPTEMBER 15 19 70 that (I) (we) last saw the deceased alive on SEPTEMBER 15, 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Chittchang DEGREE: Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/16/70

23C. PHYSICIAN'S NAME (Type): S. CHITTCHANG DEGREE

23D. ADDRESS: ST AGNES HOSPITAL BALTO MD 21229

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9-19-1970 24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970 25B. NAME OF REGISTRAR: E. [illegible] M.D. 25C. FUNERAL DIRECTOR: Howard H. Hubbard ADDRESS: 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

HBD

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-361 70 9269

REG. NO. 70 9269

1. NAME OF DECEASED (Type or Print): GAWTHROP, LOUISE S.

2. DATE AND HOUR OF DEATH: SEPTEMBER 15, 1970 11:20P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 40

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: BALTO., CO. 21228

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 601 MAIDEN CHOICE LANE

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 08 14 75

9. AGE (In years last birthday): 95

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SECRETARY

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ALFRED S. GAWTHROP

14. MOTHER'S MAIDEN NAME: ELIZABETH (FRAZIER)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215058142

17. INFORMANT: WILKENS AVES. BALTO., MD. 21229

ADDRESS: ST. AGNES HOSP. RECORDS-CATON &

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ac. Cardiac Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 day.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 14 19 70 to SEPTEMBER 15 19 70 that (I) (we) last saw the deceased alive on SEPTEMBER 15 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Chittchang DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/15/70

23C. PHYSICIAN'S NAME (Type): S. CHITTCHANG, M.D. DEGREE

23D. ADDRESS: CATON & WILKENS AVES. BALTO., MD. 21229

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9 18 70

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: G. Truman Schwab

ADDRESS: 3512 Frederick ave

VS 150-REV. 1/1/68

U-462

BIRTH NO. 70 9270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9270

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): CHARLOTTE A. ULLRICH

2. DATE AND HOUR OF DEATH: Sept.15,1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 4205 Sheldon Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md., 21206
B. COUNTY: 26-42
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4205 Sheldon Avenue

5. SEX: female
6. RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9/19/15
9. AGE (In years last birthday): 54
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward A. Zink
14. MOTHER'S MAIDEN NAME: Anna Stricker
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-05-1258
17. INFORMANT: Jerome W. Ullrich, husband, above
ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 1830 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Ca. of ovary with carcinomatosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/21 1970 to 9/15 1970 that (I) (we) last saw the deceased alive on 9/4 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W. W. Wong DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): Dr. Wyman Wong DEGREE
23D. ADDRESS: 6801 Belair Road

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

70 0 0 0 8 2 5 5

AC 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-300 70 9271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9271

1. NAME OF DECEASED (Type or Print): LIDIE, BETTY MAE

2. DATE AND HOUR OF DEATH: SEPTEMBER 15, 1970 9:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: ST.AGNES HOSPITAL
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): WILKENS & CATON AVENUE, BALTIMORE, MD. 21229
40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Frederick Co 60-00
C. CITY OR TOWN: FREDERICK
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: ROUTE #5

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 08/05/29
9. AGE (In years last birthday): 41
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE BELL
14. MOTHER'S MAIDEN NAME: (YEAGER) DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 220-26-5033
17. INFORMANT: ST.AGNES HOSPITAL, WILKENS &CATON AVE.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
577.0

(A) IMMEDIATE CAUSE: Septic shock
DUE TO, OR AS A CONSEQUENCE OF:
(B) acute necrotizing pancreatitis
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 12 19 70 to SEPTEMBER 15 19 70 that (I) (we) last saw the deceased alive on SEPTEMBER 15 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Pricha Boonswang M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-16-70
23C. PHYSICIAN'S NAME (Type): DR. PRICHA BOONSWANG DEGREE
23D. ADDRESS: BALTO, MD 21229 ST. AGNES HOSP. CATON & WILKENS AVES

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-19-70
24C. NAME of CEMETERY or CREMATORY: Mt. Olivet Cemetery
24D. LOCATION (City, town, or county) (State): Frederick Frederick Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Etchison Fun.
ADDRESS: Frederick, Md.

VS 150-REV. 1/1/68

1

M-460 70 9272

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9272

1. NAME OF DECEASED (Type or Print): ARTHUR CLARKE MILLER

2. DATE OF DEATH: Known [X] Estimated [ ] Month September Day 15 Year 1970 Hour 4:30 A.M.

3. DATE PRONOUNCED DEAD: Month September Day 15 Year 1970 Hour 4:30 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital

40

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balt. C. 53-00
C. CITY OR TOWN: Catonsville
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: Highland House 147 Nunnery Lane, Apt. B-5

6. SEX: Male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Aug. 23, 1913
10. AGE (In years last birthday): 57
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

11. BIRTHPLACE (State or foreign country): New York, N.Y.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Arthur C. Miller

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Engineer-
14B. KIND OF BUSINESS OR INDUSTRY: Westinghouse
15. MOTHER'S MAIDEN NAME: Elizabeth Tobin

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW II
17. SOCIAL SECURITY NO.: 113-09-0282
18. INFORMANT: Mrs. Ruth V. Miller
ADDRESS: 110 W. 39th St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E960 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wounds of chest
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 6
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 147 Nunnery Lane, Apt. B-5 53-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-14-70 3:00 A.m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
22F. HOW DID INJURY OCCUR? Shot self

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [ ] Suicide [X] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 15. 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/18/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faulkner M.D.
25C. FUNERAL DIRECTOR: Sterling Funeral Estate.
ADDRESS: Catonsville, Md.

VS 151-REV. 1/1/68

N 8231

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-500 70 9273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9273

1. NAME OF DECEASED (Type or Print): Alfred W. Swain

2. DATE AND HOUR OF DEATH: Sept. 18, 1970. 7 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3339 Avondale Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Baltimore 27-17
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3339 Avondale Avenue

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: January 16, 1891
9. AGE (In years last birthday): 79
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Plumber
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Late Howard Swain
14. MOTHER'S MAIDEN NAME: Late Elizabeth

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: 219-01-9008
17. INFORMANT: Mrs. Agnes Swain, 3339 Avondale Ave. 21215 — ADDRESS

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebral Thrombosis — 1 day
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Heart Disease — 2 years
DUE TO, OR AS A CONSEQUENCE OF:
(C) None

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): None

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this ~~hospital~~) attended the deceased from Sept 2 1970 to Sept 18 1970 that (I) (~~we~~) last saw the deceased alive on Sept 18 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Manuel Levin M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/19/70
23C. PHYSICIAN'S NAME (Type): Dr. Manuel Levin DEGREE
23D. ADDRESS: 6101 Park Heights Ave. Balto. Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/21/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Lasky, M.D.
25C. FUNERAL DIRECTOR: Witzke — ADDRESS: 1680 Edmondson Ave., 21228

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-561 70 9274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9274

1. NAME OF DECEASED (Type or Print): Summerville, William H.

2. DATE AND HOUR OF DEATH: 9-18-70 | 1:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Dulaland Nursing Home 1501 W. Dulaland St. 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 20-04
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2511 W. Balto. St

5. SEX: M
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: Feb. 10, 1914
9. AGE (In years last birthday): 56
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Mail Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Social Security
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Summerville
14. MOTHER'S MAIDEN NAME: Emma Henson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W.W. 2
16. SOCIAL SECURITY NO.: 213-05-8586
17. INFORMANT: Dulaland Nursing Home
ADDRESS: 1501 W. Dulaland St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: ASHD
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
CVA

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-20 1970 to 9-18 1970 that (I) (we) last saw the deceased alive on 8-20 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theodore T. Wilson DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-18-70
23C. PHYSICIAN'S NAME (Type): T.C. Wilson MD DEGREE
23D. ADDRESS: 1709 Gwynns Falls Pkwy, City

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/22/70
24C. NAME of CEMETERY or CREMATORY: Balto. National Cem
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Lahey M.D.
25C. FUNERAL DIRECTOR: Williams Funeral Home
ADDRESS: 3901 W. Lehmondy St.

VS 150-REV. 1/1/68

7-655 70 9275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9275

BIRTH NO. 12/28/76 sah Film G-502 CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): Freeman, Cecil (Cecil)

2. DATE AND HOUR OF DEATH: 9/19/70 2:29 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt Pimai Nursing Home
90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-12
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3442 Westerntown Road

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Dec 9-1897
9. AGE (In years last birthday): 72
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John H Smith
14. MOTHER'S MAIDEN NAME: Nora
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 217-54-4407
17. INFORMANT: Constance Freeman
ADDRESS: 616 Wyeth St

MEDICAL CERTIFICATION

18. 250.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Uncontrolled Diabetes Mellitus
DUE TO, OR AS A CONSEQUENCE OF:
(B) Peripheral Vascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: June 1970
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Amputation leg
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 16 1970 to Sept 19 1970, that (I) (we) last saw the deceased alive on Sept 18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Louis T. Lavy M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Sept 19-1970
23C. PHYSICIAN'S NAME (Type): LOUIS T. LAVY M.D. DEGREE
23D. ADDRESS: 3502 W Rogers Ave Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept 23/70
24C. NAME of CEMETERY or CREMATORY: Mt Calvary
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles A. Rice
ADDRESS: 66 W. Barre St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-355 70 9276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9276

1. NAME OF DECEASED (Type or Print): John L. Pittman

2. DATE AND HOUR OF DEATH: Sept. 17, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 002531 Arunah Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md B. COUNTY: 16-05
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2531 Arunah Ave.

5. SEX: M. 6. RACE: C 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH: 5/2/14 9. AGE (In years last birthday): 56 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): upholster
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edgar Pittman
14. MOTHER'S MAIDEN NAME: Josephine Thornton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO. 321-03-3571
17. INFORMANT: Josephine Pittman ADDRESS: 2531 Arunah Ave

MEDICAL CERTIFICATION

18. 162.1

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Respiratory failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma lung
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/13/70 19 to 9/17/70 19 that (I) (we) last saw the deceased alive on 9/13/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Borofsky DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/17/70
23C. PHYSICIAN'S NAME (Type): S. Borofsky DEGREE
23D. ADDRESS: 601 N. Monroe St. Balt. 17, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/22/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Charles O. Rice ADDRESS: 661 W. Lanvale St.

VS 150-REV. 1/1/68

1

F-236

70 9277 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9277

1. NAME OF DECEASED (Type or Print): AZORLIA FOSTER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: September 15, 1970 Hour 9:06 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
39 PROVIDENT HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 16-03
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1145 N. Mount Street

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 10-14-1916
10. AGE (In years last birthday): 53
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): S.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charlie Foster

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Sallie Walk er

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Dorothy Foster ADDRESS: 1145 N. Mount Street

MEDICAL CERTIFICATION

19. 412.4 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/16/70

24A. BURIAL CREMATION, REMOVAL (Specify): Removal
24B. DATE: 9-19-70
24C. NAME of CEMETERY or CREMATORY: Spartanburg
24D. LOCATION (City, town, or county) (State): South Carolina

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faulkner, M.D.
25C. FUNERAL DIRECTOR: Isaiah L. Brown & Son ADDRESS: 1 # 123 W. Montgomery St

0 0 0 0 2 6 2

VS 151-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-350 70 9278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9278

1. NAME OF DECEASED (Type or Print): Hutton, Henry L

2. DATE AND HOUR OF DEATH: 9-19-70 4:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Johns Hopkins Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY
2022 Forest Drive
C. CITY OR TOWN: Annapolis
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Md. 21401 A.A.Co

5. SEX: Male
6. RACE: Black
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-25-20
9. AGE (In years last birthday): 50
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ASS. BAKER
10B. KIND OF BUSINESS OR INDUSTRY: ANNAPOLIS NAVY YARD
11. BIRTHPLACE (State or foreign country): HOPESCHAPEL AA CO. MD
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: HARRY HUTTON
14. MOTHER'S MAIDEN NAME: ELEANOR BROWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): 6 AUG 43-17 JAN 46
16. SOCIAL SECURITY NO.: —
17. INFORMANT: HELEN E. HUTTON
ADDRESS: ANNAPOLIS MD 2022 FOREST DR.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic Carcinoma
DUE TO, OR AS A CONSEQUENCE OF: of maxillary sinus
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bruce G. Whipple MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-19-70
23C. PHYSICIAN'S NAME (Type): BRUCE G. WHIPPLE M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/23/70
24C. NAME of CEMETERY or CREMATORY: HOPESCHAPEL AA. County Md.
24D. LOCATION (City, town, or county) (State): A A. County Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Seibert M.D.
25C. FUNERAL DIRECTOR: CHARLES Hicks 23 CLAY STREET ANNAPOLIS md
ADDRESS

VS 150-REV. 1/1/68

W-420 70 9279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9279

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ANNA L. WELSH

2. DATE AND HOUR OF DEATH: SEPT. 18, 1970 10:25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL BALTIMORE, MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE 7-02

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 518 N. MILTON AVENUE

5. SEX: F 6. RACE: W 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3-29-96 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ALEXANDER FICK

14. MOTHER'S MAIDEN NAME: MARY RITZBERGER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 216 07 3575

17. INFORMANT: FRANK DECKELMAN (SON) ADDRESS: 201 OAK AVE. BALT.

MEDICAL CERTIFICATION

18. 571.8 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: HEPATIC COMA — FEW DAYS

DUE TO, OR AS A CONSEQUENCE OF:

(B) LIVER CIRRHOSIS — 2 YEARS

DUE TO, OR AS A CONSEQUENCE OF:

(C) MALNUTRITION — SEV. YEARS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: LIVER BIOPSY 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: DIAGNOSTIC

20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 9-10 1970 to 9-18 1970 that (I) ~~(we)~~ last saw the deceased alive on 9-18 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ ~~(did)~~ ~~(did not)~~ view the body after death.

23A. SIGNATURE: Carlito C. Tabora MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9-18-70

23C. PHYSICIAN'S NAME (Type): CARLITO C. TABORA MD DEGREE

23D. ADDRESS: 100 N. BROADWAY BALTIMORE MD

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 9/22/70 24C. NAME of CEMETERY or CREMATORY: GARDENS OF FAITH CEM. 24D. LOCATION (City, town, or county) (State): BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: [illegible] ADDRESS: 2334 Jefferson St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

L-1001

70 9280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9280

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Henry Love

2. DATE AND HOUR OF DEATH: 9/17/70 4 25 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 18-01

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 906 W Saratoga St

5. SEX: M

6. RACE: N

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 1/11/97

9. AGE (In years last birthday): 73

If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Construction Worker

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Miss. DeKalb

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Price Love

14. MOTHER'S MAIDEN NAME: Lucy Kirkland

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 155-14-2511

17. INFORMANT: Mrs. Henry Love

ADDRESS: 906 W. Saratoga St

MEDICAL CERTIFICATION

410.0 4250.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Myocardial Infarction — 1 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Vascular Disease — 10 years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Hypertensive Vascular Disease — 10 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Diabetes Mellitus — 10 years

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 5/21 1969 to 9/17 1970, that (I) (we) last saw the deceased alive on 8/21 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard H. Baum, MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/17/70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/23/70

24C. NAME of CEMETERY or CREMATORY: New Hope Meth. Ch. Cem

24D. LOCATION (City, town, or county) (State): DeKalb, Mississippi

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Thornton E. Dyett F.H.

ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

W-400

70 9281

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9281

1. NAME OF DECEASED (Type or Print): Walter David Willey (Wiley)

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 8 Day 24 Year 70 Hour 2:34 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 Church Home and Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 6-04
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1734 E. Baltimore St.

6. SEX: male

7. RACE: colored

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 12/18/45

10. AGE (In years last birthday): 24
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Roxboro, N. C. Caswell Co.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Walter Wiley

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N/A

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Margaret Love

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service):

17. SOCIAL SECURITY NO.:

18. INFORMANT: Evelyn Love ADDRESS: 717 N. Avondale Rd.

MEDICAL CERTIFICATION

19. E910.9

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Drowning
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): water

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Jackson's Wharf-foot of Bond St. 2-03

22D. TIME OF INJURY (APPROX.) (Month) 8 (Day) 24 (Year) 70 (Hour) 2:10 p.m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? drowned while swimming

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 8/25/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE:

24C. NAME of CEMETERY or CREMATORY: St. James B. C. Cem.

24D. LOCATION (City, town, or county) (State): Leasburg, N. C.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR: Morton & Dyett F. H. ADDRESS: 1701 Laurens St.

VS 151-REV. 1/1/68

N994.1

1

P-600

70 9282 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9282

BIRTH NO.

1. NAME OF DECEASED (Type or Print): REV. GREEN E. PERRY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 17,1970 Hour 7:41 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL (DOA)

33/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15-47
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: Male
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 4-14-1906
10. AGE (In years last birthday): 64 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 2228 N. Longwood

11. BIRTHPLACE (State or foreign country): Tarboro, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: UNK.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: BETH-STEEL
15. MOTHER'S MAIDEN NAME: UNK.

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Mrs. Erma Perry ADDRESS: 2228 N. Longwood Street

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of chest
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

E965X

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Food Fair
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 428 N. Bond Street 6-25

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-17-70 7:38 P.m.
22E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR? Guard shot by holdup man

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/18/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-21-70
24C. NAME of CEMETERY or CREMATORY: Western Star Cemetery
24D. LOCATION (City, town, or county) (State): Catonsville, Maryland

25A. DATE RECEIVED BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 151-REV. 1/1/68

N 23 1970 0267

J-2321

70 9283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9283

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JIGGETTS, ALMA J.

2. DATE AND HOUR OF DEATH: 9-18-70 1:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore, Md 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 15-10
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Belvedere Ave. at Greenspring 21215

5. SEX: F
6. RACE: C
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-24-38
9. AGE (In years last birthday): 32 — If Under 1 Yr. Months: — Days: Hours: If Under 24 Hrs. Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Alexander Jiggetts
14. MOTHER'S MAIDEN NAME: Etta Jiggetts
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Etta Jiggetts ADDRESS: 2628 Loyola South Way

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Septicemia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 38 days
DUE TO, OR AS A CONSEQUENCE OF:
(B) Toxic megacolon
DUE TO, OR AS A CONSEQUENCE OF:
(C) Uremia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Bleeding diathesis.

19A. DATE OF OPERATION: 8-10-70 8-22-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Toxic megacolon
20A. AUTOPSY? (Yes or No): —
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8-10 19__ to 9-18-19 70 that (I) (we) last saw the deceased alive on 9-18- 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W. Tangchai M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-18-70
23C. PHYSICIAN'S NAME (Type): WISET TANGCHAI DEGREE
23D. ADDRESS: Sinai Hosp of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-21-70
24C. NAME of CEMETERY or CREMATORY: Western Star Cem.
24D. LOCATION (City, town, or county) (State): Catonsville, Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: [illegible]
25C. FUNERAL DIRECTOR: Horton & Dyett F.H. ADDRESS: 1701 Laurens St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4002 Ridgewood ave -

M-2001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 9284 REG. NO. 70 9284

1. NAME OF DECEASED (Type or Print): John W. Mack, Sr.

2. DATE AND HOUR OF DEATH: 9/19/70 - 7 45 AM. | 7 45 AM. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-12
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2586 Druid Park Dr. #15

5. SEX: Male
6. RACE: N N
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-22-06
9. AGE (In years last birthday): 63
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N/A
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mack
14. MOTHER'S MAIDEN NAME: Jennie Mack

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-01-7911
17. INFORMANT: Mrs. Florence Mack ADDRESS: 2586 Druid Park Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Septic Shock — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours
DUE TO, OR AS A CONSEQUENCE OF:
(B) GRAM negative sepsis — hours
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Cerebro-vascular acc.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/18 1970 to 9/19 1970 that (I) (we) last saw the deceased alive on 9/19 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (didn't) view the body after death.

23A. SIGNATURE: L. Vinueza M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): LEONARDO E. VINUEZA DEGREE
23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-23-70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: Morton E. Dyett F.H. ADDRESS: 1701 Laurens St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-3001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 9285 REG. NO. 70 9285

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WHITE, VIRGINIA GREEN

2. DATE AND HOUR OF DEATH: Sept. 16, 1970 6:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Bolton Hill Nursing & Convalescent Ctr.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1003 Bennett Place 21223

5. SEX: F
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 1/2/1884
9. AGE (In years last birthday): 86
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10B. KIND OF BUSINESS OR INDUSTRY: Princess Anne
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Lelia ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 579-10-8949
17. INFORMANT: Katrine E. White ADDRESS: 3109 Leighton Avenue

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 4 12 3 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: arteriosclerotic heart disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) generalized arteriosclerosis — years
DUE TO, OR AS A CONSEQUENCE OF:

(C) multiple decubiti — months

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/19 1970 to 9/16 1970, that (I) (we) last saw the deceased alive on 9/16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Allan Macht DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/16/70
23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE
23D. ADDRESS: 2 E Read St Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/19/1970
24C. NAME of CEMETERY or CREMATORY: Lincoln Memorial Park
24D. LOCATION (City, town, or county) (State): Sutland Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME ADDRESS: 3035 W. NORTH AV

VS 150-REV. 1/1/68

D-140 1

70 9286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 1283 32 70 9286

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Dyval Mrs. Elizabeth

2. DATE AND HOUR OF DEATH Sept. 15 1970 7.45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Bon Secours Hospital 34

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md. B. COUNTY 20-05

C. CITY OR TOWN Baltimore Md. D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER 403 Millington Ave. (21220)

5. SEX Female 6. RACE White 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 10-03-02 9. AGE (In years last birthday) 67 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Louis Henry Geisler

14. MOTHER'S MAIDEN NAME Stuem, Maria

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-16-2259

17. INFORMANT Leland Lyl ADDRESS Bon Secours

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE Respiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few minutes

DUE TO, OR AS A CONSEQUENCE OF:

(1) Pulmonary edema as 2° to

(B) Bronchogenic Carcinoma — ~2 weeks.

DUE TO, OR AS A CONSEQUENCE OF:

(2) Atrial fibrillation due to — 2 weeks

(C) diffuse myocardial dis.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED —

20A. AUTOPSY? (Yes or No) Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ~~26 September~~ August 19 70 to 15 September 19 70 that (I) (~~we~~) last saw the deceased alive on 15 September 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE Yantra Voranaksa DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ Intern

23B. DATE SIGNED Sept. 15, 1970

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify) Burial

24B. DATE 9/18/1970

24C. NAME of CEMETERY or CREMATORY Balto. National Cem.

24D. LOCATION (City, town, or county) (State) Balto. Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 21 1970

25B. NAME OF REGISTRAR Robert E. Jacobs M.D.

25C. FUNERAL DIRECTOR Geo. L. Schwab, Inc.

ADDRESS 2001 Fred. Ave Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

S-542

70 9287

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 9287

BIRTH NO.

REG. NO.

1. NAME OF DECEASED (Type or Print): Leroy Samuels

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 9 Day 14 Year 70 Hour 12:55 a.m.

3. DATE PRONOUNCED DEAD: Month 9 Day 14 Year 70 Hour 12:55 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1706 Linden Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 17-01
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1706 Linden Avenue

6. SEX: male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 4/2/1942

10. AGE (In years last birthday): 28
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Silas L. Samuels

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY: City of Baltimore

15. MOTHER'S MAIDEN NAME: Rose Hunt

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 212-40-1527

18. INFORMANT: Rose Samuels
ADDRESS: 1501 Eutaw Place

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 304.9 Intravenous narcotism
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Acute alcoholism

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

DATE SIGNED: 9/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/17/1970

24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Park

24D. LOCATION (City, town, or county) (State): Baltimore County Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: NUTTER FUNERAL HOME
ADDRESS: 3035 W. NORTH AVE

VS 151-REV. 1/1/68

11/6/70 - Letter from N.E.O.

Ife.

B-1001

BIRTH NO. 70 9288

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 9288

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JAMES HARRY BIBBY

2. DATE AND HOUR OF DEATH: 9-17-70 | 7:15 P.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 48 MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE 12-02
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE
D. STREET ADDRESS (If rural, give location): 536 MARYLANDER APTS

5. SEX: M
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): SINGLE
8. DATE OF BIRTH: 10-31-97
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED-PRESIDENT - U.S. FOOD
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARK O. BIBBY
14. MOTHER'S MAIDEN NAME: NORA B. BRILEY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 215-07-8448
17. INFORMANT: JOHN R. BIBBY - (SAME) ADDRESS: (PRIVATE NURSE)

CAUSE OF DEATH

18. 533.9

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) UPPER G.I. BLEEDING — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO
(B) PEPTIC ULCERATION — 3 WEEKS
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: ASCVD WITH ANEURYSM OF AORTIC ARCH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: NONE
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): NONE
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (This hospital) attended the deceased from 9-10 1970 to 9-17 1970, that ~~(I)~~ (we) last saw the deceased alive on 9-17 1970 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: William Quesenberry M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-17-70
23C. PHYSICIAN'S NAME (Type): WILLIAM QUESENBERRY M.D.
23D. ADDRESS: MARYLAND GENERAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/22/70
24C. NAME OF CEMETERY or CREMATORY: E. New Market
24D. LOCATION (City, town, or county) (State): Cambridge, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co. ADDRESS: 4905 York Rd Balto., Md. 21212

VS 150-REV. 1/1/65

S-1621

BIRTH NO. 70 9289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9289

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Paul SPROUSE

2. DATE AND HOUR OF DEATH: 9/18/70 4:55 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 90
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Midtown Home, Inc. 808 St. Paul Street Baltimore, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 15-13
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2505 Oswego Avenue

5. SEX: M
6. RACE: C
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5/24/16
9. AGE (In years last birthday): 54
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Easton Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Alfred D. Sprouse
14. MOTHER'S MAIDEN NAME: Annie E. Rakes
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 29 Dec 42 15 Nov 45
16. SOCIAL SECURITY NO.: 219-07-2646
17. INFORMANT: Mrs Mary Sprouse ADDRESS: 2505 Oswego Ave

MEDICAL CERTIFICATION

18. 431.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardio Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Intracranial Hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:
(C) Terminal Pneumonia

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 4 19 70 to September 18, 19 70 that (I) (we) last saw the deceased alive on Sept 18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We (Our)~~) (did not) view the body after death.

23A. SIGNATURE: William Appleford DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): WILLIAM APPLEFORD MD DEGREE
23D. ADDRESS: 6615 Reisterstown Rd

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept 22, 70
24C. NAME of CEMETERY or CREMATORY: Baltimore Nat. Cem
24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Joseph H. Russ Funeral Home ADDRESS: 2222 W Pratt Ave

VS 150-REV. 1/1/68

D-120 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 9290 REG. NO. 70 9290

1. NAME OF DECEASED (Type or Print): Davis, Nellie M.

2. DATE AND HOUR OF DEATH: 9-13-70 | 5-35 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: 2109 Clifton Ave. 15-04
C. CITY OR TOWN: Baltimore Md.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER:

5. SEX: Female
6. RACE: Negro
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-10-09
9. AGE (In years last birthday): 61 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lillie Ga
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Lumpkins
14. MOTHER'S MAIDEN NAME: Mary
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 578-10-2583
17. INFORMANT: Robert C. Davis ADDRESS: 2109 Clifton Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 436.9

(A) IMMEDIATE CAUSE: Cerebrovascular accident
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-12 1970 to 9-13 1970 that (I) (we) last saw the deceased alive on 9-13 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9-13-70
23C. PHYSICIAN'S NAME (Type): PRAGNA DESAI M.D. DEGREE
23D. ADDRESS: Lutheran Hospital of Maryland 730 Ashburton St. Baltimore Md 21216

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-17-70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Westport (Baltimore) Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Weiber, M.D.
25C. FUNERAL DIRECTOR: Joseph Russ ADDRESS: 2222 W. Northern Pkwy. Balto. Md.

VS 150-REV. 1/1/68

1

R-220 70 9291

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9291

BIRTH NO.

35/99

1. NAME OF DECEASED (Type or Print): WILBERT J. REJZEK

2. DATE OF DEATH — Known [X] Estimated [ ] — Month September, Day 16, Year 1970, Hour M.

3. DATE PRONOUNCED DEAD — Month September, Day 16, Year 1970, Hour 4:30 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Church Home Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 6-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 135 N. Decker Avenue

6. SEX: Male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH: 7/18/'19
10. AGE (In years last birthday): 51 — If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James J. Rejzek
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
14B. KIND OF BUSINESS OR INDUSTRY: Martinis
15. MOTHER'S MAIDEN NAME: Mary Seidling
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 214-18-3011
18. INFORMANT: Mrs. Edna K. Rejzek — ADDRESS: 135 N. Decker Ave.

MEDICAL CERTIFICATION

19. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 17, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/19/'70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: John A. Moran, Inc. — ADDRESS: 3000 E. Baltimore St

VS 151-REV. 3/1/68

0 0 0 2 7 6

D-400 70 9292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9292

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ida Dowell

2. DATE AND HOUR OF DEATH: 9-16-70 @ 1 20 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Belton Hill Nursing & Convalescent Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 15-03
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1535 Smallwood St. 21215

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 7-27-97
9. AGE (In years last birthday): 72
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robinson
14. MOTHER'S MAIDEN NAME: Ida

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 215-16-1766
17. INFORMANT: Admission Record - Belton Hill — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
250.9		
(A) IMMEDIATE CAUSE	Ulcers of legs & heels	months
DUE TO, OR AS A CONSEQUENCE OF:	Septicemia	
(B)	Diabetes mellitus	years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Peripheral Vascular disease	years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (i) (this hospital) attended the deceased from 6/30 19 70 to 9/16 19 70, that (i) (we) last saw the deceased alive on 9/16 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Allan Macht DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/17/70
23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE
23D. ADDRESS: 2 E. READ ST. Balto. Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/19/70
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: A. S. Phillips F. Home
ADDRESS: 1727 N. Monroe St. 523-4918

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. (3) R-452 70 9293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9293

1. NAME OF DECEASED (Type or Print): RAWLINGS, William Ellsworth

2. DATE AND HOUR OF DEATH: 9-19-70 5:00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 11-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 517 Cathedral Street

5. SEX: Male
6. RACE: Caucasian
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-16-17
9. AGE (In years last birthday): 53
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Rawlings
14. MOTHER'S MAIDEN NAME: Bertha Kenny

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 8-20-47 to 4-30-55
16. SOCIAL SECURITY NO.: 212-01-71-92
17. INFORMANT: Records
ADDRESS: VAH, 3900 Loch Raven Blvd. Balto., Md. 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

444.1

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Cardiac arrest	20 minutes
DUE TO, OR AS A CONSEQUENCE OF: (B)	Acute thrombosis, Aorta	24 hours
DUE TO, OR AS A CONSEQUENCE OF: (C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9-18-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Acute Thrombosis, Aorta
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 18, 19 70 to September 19, 19 70 that (I) (we) last saw the deceased alive on September 19 19 70 and that (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David G. Ansel M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-19-70
23C. PHYSICIAN'S NAME (Type): David G. Ansel M.D. DEGREE
23D. ADDRESS: 3900 Loch Raven Blvd Balto., Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/22/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Fowler, M.D.
25C. FUNERAL DIRECTOR: Witzke
ADDRESS: 1630 Edmondson Av., Balto., Md.

VS 150-REV. 1/1/68

51-04-59 csk

C. 462

BIRTH NO. 70 9294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9294

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): John L. Clarke

2. DATE AND HOUR OF DEATH: Sept. 16, 1970 — 4:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Ave., Baltimore, Md. 21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 451 S. Drew St. 21224 007

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-10-91
9. AGE (In years last birthday): 79 79
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. police
10B. KIND OF BUSINESS OR INDUSTRY: Balto. City Police Dept.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Clarke
14. MOTHER'S MAIDEN NAME: Anna
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 212-34-1738A
17. INFORMANT: BCH Records: 4940 Eastern Ave. Baltimore, Md. 21224 ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 436.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few hrs
DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Embolis
(B) Sepsis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Arteriosclerosis — several yrs

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Chronic Emphysema
Gastric ulcer

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 23 19 7 to Sep 16 19 70 that (I) (we) last saw the deceased alive on Sep 16 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. Haghshenass M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Sep. 16. 70
23C. PHYSICIAN'S NAME (Type): M. Haghshenass M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals, 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/19/'70
24C. NAME of CEMETERY or CREMATORY: St. Stanislaus Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: John A. Moran, Inc. ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/68

BIRTH NO. M-655 70 9295

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 9295

1. NAME OF DECEASED (Type or Print): Henry F. Morman, Sr.

2. DATE AND HOUR OF DEATH: September 17, 1970 6:30 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland General Hospital, Baltimore, Md. 21201

48

4. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)

A. STATE: Maryland B. COUNTY: 1-02

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore

D. STREET ADDRESS (If rural, give location): 131 S. Potomac

5. SEX: Male

6. RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

8. DATE OF BIRTH: 3-14-1897

9. AGE (In years last birthday): 73

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not Known

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): ~~Germany~~ Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Morman

14. MOTHER'S MAIDEN NAME: Johanna Mallis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): ~~Yes~~ Not Known WW 1

16. SOCIAL SECURITY NO.: 214032380

17. INFORMANT: Elizabeth H. Morman ADDRESS: 131 S. Potomac

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO

(B) Arteriosclerotic Heart Disease — 4 years

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: None

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): None

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?: None

22. I certify that (I) (this hospital) attended the deceased from September 5 1970 to September 17 1970, that (I) (we) last saw the deceased alive on September 16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Jae H. Hong M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: September 17, 1970

23C. PHYSICIAN'S NAME (Type): JAE H. HONG M.D.

23D. ADDRESS:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/21/'70

24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Florence Funeral Home ADDRESS: 3000 E. Baltimore St.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

P-560 70 9296

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9296

1. NAME OF DECEASED (Type or Print): HELEN PENNER

2. DATE OF DEATH: Known [X] Estimated [ ] Month September Day 17 Year 1970 Hour M.

3. DATE PRONOUNCED DEAD: Month September Day 17 Year 1970 Hour 11:50 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
916 W. Baltimore Street

00

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 18-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 916 W. Baltimore Street

6. SEX: Female
7. RACE: White
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

9. DATE OF BIRTH: Feb. 26,1904
10. AGE (In years last birthday): 66
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles S. Anzula

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY: Homemaker
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 214 18 9858
18. INFORMANT: Lawrence J. Penner, 4 Margaret Ave, ADDRESS Pasadena, Md

MEDICAL CERTIFICATION

19. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Hypertensive and arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 17, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept 19,1970
24C. NAME of CEMETERY or CREMATORY: Glen Haven Memorial
24D. LOCATION (City, town, or county): Pk, Glen Burnie, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: George J. Gonce
ADDRESS: 4001 Ritchie Hgwy

0 0 0 8 2 0 1

VS 151-REV. 1/1/68

B-260

BIRTH NO. 70 9292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9292

1. NAME OF DECEASED (Type or Print): William Albert Baker

2. DATE AND HOUR OF DEATH: 16-Sept-70 | 12²⁶ P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Balt. Gen. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 13-06

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3437 Chestnut Ave

5. SEX: Male 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12-5-04 9. AGE (In years last birthday): 66 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Baker

14. MOTHER'S MAIDEN NAME: Katherine Appleby

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 29-01-0095

17. INFORMANT: Sister - Hazel Bailey - Same ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

4 13.7 X 019.0

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) COPD

DUE TO, OR AS A CONSEQUENCE OF:

(C) ASCVD

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Inactive Pulmonary Tb

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 15-Sept 1970 to 16-Sept 1970 that (I) ~~(we)~~ last saw the deceased alive on 16 Sept 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Richard E Fisher MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] — 23B. DATE SIGNED: 16-Sept-70

23C. PHYSICIAN'S NAME (Type): Richard E Fisher MD DEGREE — 23D. ADDRESS: South Balt. Gen. Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 9-19-70 — 24C. NAME of CEMETERY or CREMATORY: Woodlawn — 24D. LOCATION (City, town, or county) (State): Baltimore

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970 — 25B. NAME OF REGISTRAR: [illegible] E. Talbert M.D. — 25C. FUNERAL DIRECTOR: Paul E. Schmuck — ADDRESS: 3615 Chestnut Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-450 70 9298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9298

BIRTH NO. Joseph Patrick GILLEN

1. NAME OF DECEASED (Type or Print): JOSEPH GILLEN

2. DATE AND HOUR OF DEATH: 9/16/70 1:10 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 27-88

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3500 Hayward Avenue

5. SEX: Male 6. RACE: Cauc. 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 14 MAR 1905 9. AGE (In years last birthday): 65 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Constable

10B. KIND OF BUSINESS OR INDUSTRY: Peoples Court

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank P. Gillen

14. MOTHER'S MAIDEN NAME: Julia Agnes Donelly

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): YES (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 217 07 4871

17. INFORMANT: Mrs. Mary Hare ADDRESS: 3500 Hayward Avenue

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ca of esophagus

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 9/14 19 70 to 9/16 19 70 that ~~(I)~~ (we) last saw the deceased alive on 9/16 19 70 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/16/70

23C. PHYSICIAN'S NAME (Type): J. SINGER DEGREE:

23D. ADDRESS: MERCY Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 19 SEP 70

24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. Nagley, M.D.

25C. FUNERAL DIRECTOR: J. E. Lowell Lemmon ADDRESS: 6500 York Road

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-220 70 9299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9299

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SYKES, DOROTHY T.

2. DATE AND HOUR OF DEATH: 9-16-70 | 4:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: Balt. 53-00

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 7801 PHILADELPHIA RD 21237

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 9-18-1892

9. AGE (In years lost birthday): 77

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CASPER SYKES

14. MOTHER'S MAIDEN NAME: MADELINE MENNENGER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-30-2133

17. INFORMANT: George J. Sykes

ADDRESS: 143 Nunnery Lane - 21228

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Advanced Metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 12 mos?

DUE TO, OR AS A CONSEQUENCE OF:

(B) Ca of Colon — 15 mos

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: July 1969

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca of colon

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 9-10 19 70 to 9-16 19 70 that I (we) last saw the deceased alive on 9-16 19 70 and that in (my) opinion death occurred on the date and hour and from the causes stated above. (I) (did) view the body after death.

23A. SIGNATURE: A. Madarang Jr. M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9-16-70

23C. PHYSICIAN'S NAME (Type): ALFONSO A. MADARANG JR. M.D. DEGREE

23D. ADDRESS: CHURCH HOME & HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-19-70

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: John C. Miller Inc

ADDRESS: 6415 Belair Rd. - 21206

VS 150-REV. 1/1/68

7708298 4

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-623 70 9300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9300

1. NAME OF DECEASED (Type or Print): CHRISTOPAER, KATHERINE

2. DATE AND HOUR OF DEATH: 9-16-70 | 5:03 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore Co 53-08

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: Box 526 Rt. #14 - Seneca Park Rd. - 21220

5. SEX: F

6. RACE: Cau.

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 4/06/89

9. AGE (In years last birthday): 81

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest George

14. MOTHER'S MAIDEN NAME: Mary Scheck

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Edgar Christopher - Same

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

410.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIO RESP ARREST — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) CARDIAC DYSFUNCTION

DUE TO, OR AS A CONSEQUENCE OF:

(C) ACUTE MYOCARDIAL INFARCTION — 8-18-70

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUG 18 19 70 to SEPT 16 19 70 that (I) (we) last saw the deceased alive on SEPT 16 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Anthony L. Jennings MD DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9-16-70

23C. PHYSICIAN'S NAME (Type): Anthony Jennings, M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-19-70

24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970

25B. NAME OF REGISTRAR: [illegible]

25C. FUNERAL DIRECTOR: John J. Miller Inc

ADDRESS: 6415 Belair Rd. - 21206

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

E-516 70 9301

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9301

1. NAME OF DECEASED (Type or Print): MARY V EMBERT

2. DATE AND HOUR OF DEATH: Sept 18, 1970. 11:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GENERAL HOSPITAL 43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~BA~~ MD
B. COUNTY: 24-03
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 110 E. FORT AVE

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 11/4/1915
9. AGE (In years last birthday): 54
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Brashears
14. MOTHER'S MAIDEN NAME: Virginia Givins

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.:
17. INFORMANT: Joseph Brashears ADDRESS: Frederick, Md. Rt.6

MEDICAL CERTIFICATION

18. 183.0 I 401.9

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: EXTENSIVE METASTASIS.
DUE TO, OR AS A CONSEQUENCE OF:
(B) CANCER OVARY
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: PULMONARY TUBERCULOSIS.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/31/70. 19 to 9/18/70 19 that (I) (we) last saw the deceased alive on 9/18/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Aye Ngwe M.D DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/18/70.
23C. PHYSICIAN'S NAME (Type): AYE NGWE M.D DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/21/70
24C. NAME of CEMETERY or CREMATORY: Old Wye Church Cem.
24D. LOCATION (City, town, or county) (State): Wye Mills, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: JOHN F. DENNY, INC. ADDRESS: 715 Light St.

VS 150-REV. 1/1/68

K-613 70 9302

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9302

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): KRAFTY, RUTH VIRGINIA

2. DATE AND HOUR OF DEATH: SEPTEMBER 19, 1970 5:05 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: 16-06
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2656 EDMONDSON AVENUE

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 06 04 98 9. AGE (In years last birthday): 72 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: DAVID T. REINDOLLAR 14. MOTHER'S MAIDEN NAME: EUGENIA (NORMAN)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-12-8426

17. INFORMANT: Mrs. Helen Cathey, 2656 Edmondson Ave. 21223 ADDRESS: ST AGNES RECORDS-BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple Myeloma — 2 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 26, X 1970 to SEPTEMBER 19 1970 that (I) (we) last saw the deceased alive on SEPTEMBER 19 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Chittchang DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 9/19/70

23C. PHYSICIAN'S NAME (Type): S. CHITTCHANG DEGREE 23D. ADDRESS: ST AGNES HOSP. CATON & WILKENS AVE

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9-22-1970 24C. NAME of CEMETERY or CREMATORY: Lutheran Trinity Ch. Cem. 24D. LOCATION (City, town, or county) (State): Taneytown, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: Howard H. Hubbard, ADDRESS: 4107 Wilkens Avenue 21229

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-140 70 9303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9303

1. NAME OF DECEASED (Type or Print): SHIPLEY, MARGARET W.

2. DATE AND HOUR OF DEATH: SEPTEMBER 18, 1970 8:20 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST.AGNES HOSPITAL WILKENS & CATON AVE. BALTIMORE, MD. 21229

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Baltimore G 53-00
C. CITY OR TOWN: ~~XXXXXXXXXX~~ ARBUTUS
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1249 MAPLE AVENUE 21227 FUSTING AVENUE 21228 SEE ATTACHED RIDERS HOME-16

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 10-03-82
9. AGE (In years last birthday): 87
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Pitcher DEC'D
14. MOTHER'S MAIDEN NAME: Mary DEC'D

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Mildred W. Smith, 344 E. 55th St. N.Y.
ADDRESS: ST.AGNES HOSPITAL, WILKENS & CATON AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebrovascular Accident. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 wk
DUE TO, OR AS A CONSEQUENCE OF:

(B) Diabetes Mellitus, hypertension — 10 yr
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 15 19 70 to SEPTEMBER 18 19 70 that (I) (we) last saw the deceased alive on SEPTEMBER 18 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: S. Chittchang DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/18/70
23C. PHYSICIAN'S NAME (Type): S.CHITTCHANG, M.D. DEGREE
23D. ADDRESS: ST.AGNES HOSPITAL, WILKENS & CATON AVE. BALTO. MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-22-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229
ADDRESS

VS 150-REV. 1/1/68

26-93-42 IL

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-620 70 9304

REG. NO. 70 9304

1. NAME OF DECEASED (Type or Print): Gross, Bertha

2. DATE AND HOUR OF DEATH: 9-19-70 1:00 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland #21224
31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-12
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4940 Eastern Avenue #21224

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-11-1888
9. AGE (In years last birthday): 82
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Gross
14. MOTHER'S MAIDEN NAME: Ernestina Warni

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Records: Baltimore City Hospitals, 4940 Eastern Avenue #21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Renal Failure ?
DUE TO, OR AS A CONSEQUENCE OF: CARDIAC Failure C.V.A.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Atherosclerosis - C.V.A.
DUE TO, OR AS A CONSEQUENCE OF:

(C) C.B.S. - Atrophic vaginitis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: peuriga, lumbagic bullae

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 10/27 1959 to Sep 19 1970 that (I) (we) last saw the deceased alive on Sept 19 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: MAZZI DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/19/70
23C. PHYSICIAN'S NAME (Type): EDUARDO MAZZI DEGREE
23D. ADDRESS: 4940 Eastern Avenue, Baltimore, Md. Balto. City Hospitals

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-22-1970
24C. NAME of CEMETERY or CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. C-4455-70-140607D 9305 REG. NO. 70 9305

1. NAME OF DECEASED (Type or Print): THERESA MARIE CLEMENTS

2. DATE AND HOUR OF DEATH: 9-18-70 5-25 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 THE JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 53-00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3316 WASHINGTON BLVD

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-13-70
9. AGE (In years last birthday): ——
If Under 1 Yr. Months: — Days: 5 Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROGER D. CLEMENTS
14. MOTHER'S MAIDEN NAME: JOAN P. BAKER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Roger D. Clements, 3316 Washington Blvd. ADDRESS 21227

MEDICAL CERTIFICATION

18. 75-0.2 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: RESPIRATORY & METABOLIC ACIDOSIS
DUE TO, OR AS A CONSEQUENCE OF:
(B) POST OP T-E FISTULA
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2-3 DAYS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
POSSIBLE CONGENITAL HEART DISEASE

19A. DATE OF OPERATION: 9-14-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: T-E FISTULA
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) ☐ NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-13-1970 to 9-18-1970 that (I) (we) last saw the deceased alive on 9-18-1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: James R. Allen MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-18-70
23C. PHYSICIAN'S NAME (Type): JAMES R. ALLEN DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-21-1970
24C. NAME of CEMETERY or CREMATORY: Western Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Fairbury M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

J-212 70 9306 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9306

1. NAME OF DECEASED (Type or Print): Wasili BASIL JAKUBUK

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 20 Year 1970 Hour 1:05 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
40 St. Agnes Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY 2-01
C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 2209 Gough St.

6. SEX male
7. RACE white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH Jan 24 1892
10. AGE (In years last birthday) 78
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Unk Jakubuk
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
14B. KIND OF BUSINESS OR INDUSTRY Longshoremen
15. MOTHER'S MAIDEN NAME Unk
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) —
17. SOCIAL SECURITY NO. 212-12-4263
18. INFORMANT Jennie Jakubuk ADDRESS 2209 Gough Street 21231

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriosclerotic cardiovascular disease
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Mihalakis M.D.
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED 9-21-70

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE Sept 24 70
24C. NAME of CEMETERY or CREMATORY Holy Trinity Cemetery
24D. LOCATION (City, town, or county) Elkridge (State) Balto Md

25A. DATE REC'D BY HEALTH DEPT. SEP 21 1970
25B. NAME OF REGISTRAR Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR THE DIPPEC BROS INC ADDRESS 1800 E LOMBARD ST

VS 151-REV. 7/1/68

70 09309 8291

1

M-460 70 9307

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 9307

BIRTH NO. REG. NO.

CERTIFICATE AMENDED 11/5/70

1. NAME OF DECEASED (Type or Print): ORETTA MILLER

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 17 Year 1970 Hour 6:19 P M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Johns Hopkins Hospital
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 7-02

6. SEX: female
7. RACE: Negro
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 5-23-21
10. AGE (In years last birthday): 49
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 2708 Ashland Ave.

11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Horace Spellman

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Minerva

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: George Miller ADDRESS: 2708 Ashland Ave.

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Subarachnoid Hemorrhage due to ~~Arteriosclerotic cardiovascular disease~~ Rupture of aneurysm of circle of Willis

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9-18-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/22/70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Park
24D. LOCATION (City, town, or county) (State): Arbutus, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Joseph L. Elliston ADDRESS: 1129 N. Carrollton

VS 151-REV. 1/1/68

11/5/70 - Letter from M.E.O.

c/Be.

R-262 70 9308

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9308

1. NAME OF DECEASED (Type or Print): Carl Rogers

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 15, 1970 Hour 6:50 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 JOHNS HOPKINS HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY 10-02
C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER 904 N. Gay Street

6. SEX Male
7. RACE Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH 12/11/22
10. AGE (In years last birthday) 47
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Carl Rodgers
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME Rachael Kyle
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) W.W.II
17. SOCIAL SECURITY NO. 521-8
18. INFORMANT Lillie Flowers ADDRESS 905 N. Dallas St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Fatty Metamorphosis of Liver
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED 9/16/70

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 9/22/70
24C. NAME of CEMETERY or CREMATORY Betts National Cem.
24D. LOCATION (City, town, or county) (State) Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 21 1970
25B. NAME OF REGISTRAR Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR Zach T. Clakson ADDRESS 1129 N. Carlisle St.

VS 151-REV. 1/1/68

THE BODY OF HENRY JOHNSON HAS BEEN RELEASED AS NON MED BY DR SPRINGATE OF THE MEDICAL EXAMINER'S OFFICE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BIRTH NO. J-525 70 9309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9309

1. NAME OF DECEASED (Type or Print): HENRY W. JOHNSON

2. DATE AND HOUR OF DEATH: 9/19/70 | 8:06 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 8-33
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2417 E. OLIVER STREET

5. SEX: MALE
6. RACE: NEGRO
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 07-25-13
9. AGE (In years last birthday): 57
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STEEL WORKER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CHESTERTOWN, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HARRY JOHNSON
14. MOTHER'S MAIDEN NAME: LUCY WHITE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-01-6467
17. INFORMANT: MATTIE JOHNSON ADDRESS: 2417 E. Oliver ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of the pancreas
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 3-14 1970 to 9-19 1970 that I (we) last saw the deceased alive on 9-7 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) (did not) view the body after death.

23A. SIGNATURE: Joseph O. Moore M.D.
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 09-19-70
23C. PHYSICIAN'S NAME (Type): JOSEPH O. MOORE M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/23/70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Arbutus Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Robert E. Jaeger M.D.
25C. FUNERAL DIRECTOR: Milton F. Gholson
ADDRESS: 1127 N. Carol

VS 150-REV. 1/1/68

57-63-49 IL 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-140 70 9310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9310

1. NAME OF DECEASED (Type or Print): JAMES ABLE

2. DATE AND HOUR OF DEATH: 9/18/70 12.01 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland #21224

31

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 8-04
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1108 North Patterson Park Avenue #21213

5. SEX: Male
6. RACE: N
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-14-26
9. AGE (In years last birthday): 43
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: TOM Able
14. MOTHER'S MAIDEN NAME: Frances Burns

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 215-22-8673
17. INFORMANT: Baltimore City Hospitals Records
ADDRESS: 4940 Eastern Avenue #21224

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 431.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: INTRACEREBRAL HE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) HATOMA, HIGH BLOOD PRESSURE
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/16/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: INTRACEREBRAL BLEEDING
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/16/70 19 to 9/18/70 19 that (I) (we) last saw the deceased alive on 9/18/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: JUAN LORA DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/18/70
23C. PHYSICIAN'S NAME (Type): [illegible] DEGREE
23D. ADDRESS: 6104 E. PRATT ST. BALTO MD

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/21/70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Arbutus, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970
25B. NAME OF REGISTRAR: Jacob E. Jacobs, M.D.
25C. FUNERAL DIRECTOR: Milton E. Elick
ADDRESS: 114 N. Carrol

VS 150-REV. 1/1/68

B-630 70 9311

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9311

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): WALTER BARRETT

2. DATE AND HOUR OF DEATH: Sept. 14, 1970, 4:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL 35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND, U.S.A. B. COUNTY: 6-05
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 306 N. EDEN ST. (31)

5. SEX: M 6. RACE: N 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/14/1900 9. AGE (In years last birthday): 70(?) If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown 10B. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): North Carolina 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown 14. MOTHER'S MAIDEN NAME: unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): unknown No
16. SOCIAL SECURITY NO.: 212-01-5158
17. INFORMANT: Agnes Beane (Friend) ADDRESS: 306 N. Eden St. Balto., MD. 21231

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	IMMEDIATE CAUSE: Cerebrovascular accident	1-3 weeks (?)
	DUE TO, OR AS A CONSEQUENCE OF:	
(B)	Arteriosclerotic cardiovascular disease	unkn.
	DUE TO, OR AS A CONSEQUENCE OF:	
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 6 1970 to Sept. 14 1970 that (I) (we) last saw the deceased alive on Sept 14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolando A. Mendoza DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/14/70
23C. PHYSICIAN'S NAME (Type): ROLANDO A. MENDOZA, MD. DEGREE
23D. ADDRESS: 100 N. Broadway Balto., MD. 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/17/70 24C. NAME of CEMETERY or CREMATORY: MT. Calvary Cem. 24D. LOCATION (City, town, or county) (State): A.A. County, Md.
25A. DATE REC'D BY HEALTH DEPT.: SEP 21 1970 25B. NAME OF REGISTRAR: Robert E. Jacobs, M.D. 25C. FUNERAL DIRECTOR: Milton E. Ellickson ADDRESS: 1129 N. Carolina

VS 150-REV. 1/1/68

1

B-300 70 9312

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9312

00

1. NAME OF DECEASED (Type or Print): JOHN E. BUDD

2. DATE OF DEATH — Known ☐ Estimated ☒ — Month: 9 Day: 18 Year: 70 Hour: M.

3. DATE PRONOUNCED DEAD — Month: September Day: 19 Year: 1970 Hour: 12:20 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 735 W. Dolphin St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 17-03
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 735 W. Dolphin St.

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. DATE OF BIRTH: 1-14-84
10. AGE (In years last birthday): 86 — If Under 1 Yr. If Under 24 Hrs. Months: Days: Hours: Min.:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Budd
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Rebecca Towels
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):
17. SOCIAL SECURITY NO.: 220-05-0806
18. INFORMANT: Martha Budd ADDRESS: same

MEDICAL CERTIFICATION

19. 4124

I — CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease — IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9-19-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-23-70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H. ADDRESS: 1348 Calhoun St.

VS 151-REV. 7/1/68

1

M-200 70 9313

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9313

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARY Lassiter McCOY

2. DATE OF DEATH: Known XX Estimated ☐ Month September Day 18 Year 1970 Hour 6:30 P.M.

3. DATE PRONOUNCED DEAD: Month September Day 18 Year 1970 Hour 6:30 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospitals

38

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 16-03

6. SEX: Female

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 3-3-29

10. AGE (In years last birthday): 41 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1600 Edmondson Ave.

11. BIRTHPLACE (State or foreign country): N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lassiter

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Elmer Vaughn

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service):

17. SOCIAL SECURITY NO. 199-28-1102

18. INFORMANT: Junius Claiborne ADDRESS: same

MEDICAL CERTIFICATION

19. E860X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute methanol intoxication

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Cirrhosis and chronic renal disease

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ?

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ? 00-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) ? m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Apparently accidentally drank methyl alcohol

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy XX and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9-19-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-23-70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Talbot, M.D.

25C. FUNERAL DIRECTOR: V. Bailey Kelson F.H. ADDRESS: 1348 N. Calhoun St.

VS 151-REV. 7/1/68

N 78 0 1 0 0 2 9 0

12/9/70 - Letter from M.E.O.

J.P.C.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-435 70 9314

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9314

1. NAME OF DECEASED (Type or Print): JACOB GOLDMAN

2. DATE AND HOUR OF DEATH: 7:40 PM 9-19-70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 3324 Clarks Lane #15
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐ 27-20
E. STREET AND NUMBER: 3324 Clarks Lane Apt. B.

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 12/14/1887
9. AGE (In years last birthday): 82
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Salesman-Dept Store
11. BIRTHPLACE (State or foreign country): Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY? UNITED STATES
13. FATHER'S NAME: Nathan Goldman
14. MOTHER'S MAIDEN NAME: HANNAH ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: HAROLD N. GOLDMAN - 3324 Clarks Lane ADDRESS Apt B.

MEDICAL CERTIFICATION

18. 410.9

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart Failure
DUE TO, OR AS A CONSEQUENCE OF: Myocardial infarction
(B) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Cardiovascular Disease
(C) Urinary Tract Infection

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): (Yes)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-10 1970 to 9-19 1970 that (I) (we) last saw the deceased alive on 9-19 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rodolfo S. Victoria MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9-19-70
23C. PHYSICIAN'S NAME (Type): RODOLFO S. VICTORIA MD DEGREE
23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept 20/70
24C. NAME of CEMETERY or CREMATORY: Chevrik Amuno
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Sol Levinson Bros
ADDRESS: 6010 Reist Rd.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9315

BIRTH NO. L-100 70 9315

1. NAME OF DECEASED (Type or Print): LEVY, JACOB

2. DATE AND HOUR OF DEATH: 9/19/70 10:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore

42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 15-10

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: Boarman Ave. # W 3818

5. SEX: MALE 6. RACE: WHITE. 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5/19/10 9. AGE (In years last birthday): 60 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MANAGER

10B. KIND OF BUSINESS OR INDUSTRY: RETAIL STORE

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SAMUEL LEVY

14. MOTHER'S MAIDEN NAME: DORA STEIN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-18-9611

17. INFORMANT: MRS. SYLVIA LEVY, ADDRESS: 3818 BOARMAN AVE. #21215

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

450 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIAC ARREST — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) PULMONARY EMBOLISM

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/12/70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: i. vena cava plication

20A. AUTOPSY? (Yes or No): YES.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/10 19 70 to 9/19 19 70 that (I) (we) last saw the deceased alive on 9/19 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lévêque DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/19/70

23C. PHYSICIAN'S NAME (Type): HUBERT LEVEQUE DEGREE

23D. ADDRESS: Sinai Hospital of BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-21-70

24C. NAME of CEMETERY or CREMATORY: MIKRO KODESH-BETH ISRAEL

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-650 70 9316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9316

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): SIDNEY M. GREEN

2. DATE AND HOUR OF DEATH: SEPTEMBER 19, 1970 | 12:01 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5914 WINNER AVENUE
00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 27-40
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5914 WINNER AVENUE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-18-1918
9. AGE (In years last birthday): 51
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10B. KIND OF BUSINESS OR INDUSTRY: RETAIL
11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ABRAHAM GREEN
14. MOTHER'S MAIDEN NAME: ESTHER KITT
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. SOPHIE GREEN, ADDRESS: 5914 WINNER AVENUE

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

1B. 410.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCTION — 0
DUE TO, OR AS A CONSEQUENCE OF:
(B) ARTERIOSCLEROTIC CV DISEASE AND CORONARY — 5 YEARS
DUE TO, OR AS A CONSEQUENCE OF:
(C) ATHEROSCLEROSIS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 19 67 to 19 SEPT 19 70, that (I) (we) last saw the deceased alive on OR ABOUT JULY 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Abraham Genecin DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 19 SEPT 1970
23C. PHYSICIAN'S NAME (Type): ABRAHAM GENECIN DEGREE
23D. ADDRESS: ~~XXX~~ 611 PARK AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-20-70
24C. NAME of CEMETERY or CREMATORY: HEBREW YOUNG MEN
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Jaffee, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

B-652 70 9317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9317

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bernstein Lenore

2. DATE AND HOUR OF DEATH: 9/18/70 | 9 30 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto 53-00

C. CITY OR TOWN: Ba Mo. 21208 D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3607 Woodvalley Dr.

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10/10/21

9. AGE (In years last birthday): 48

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): PHILADELPHIA, PA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GIMBEL STEINBERG

14. MOTHER'S MAIDEN NAME: GERTRUDE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. ALFRED S. BERNSTEIN, ADDRESS: 3607 WOODVALLEY DR.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of colon — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): None

19A. DATE OF OPERATION: 1 mo. ago

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Intestinal obstruction

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19__ to present 19__ that (I) (we) last saw the deceased alive on 9/18 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bernard Burgin M.D. DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/18/70

23C. PHYSICIAN'S NAME (Type): BERNARD BURGIN DEGREE

23D. ADDRESS: 3809 Clarks Lane Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-20-70

24C. NAME of CEMETERY or CREMATORY: CHIZUK AMUNO (ARLINGTON)

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: E. Talbert, M.D.

25C. FUNERAL DIRECTOR: Sol LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-546 70 9318

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9318

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SOPHIE SAMLER

2. DATE AND HOUR OF DEATH: SEPTEMBER 17, 1970 11:50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 301 McMechen Street, Apt. 703

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 14-01
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 301 MC MECHEN STREET, APT. 703

00

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH:
9. AGE (In years last birthday): 75
If Under 1 Yr. Months Days Hours If Under 24 Hrs. Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): RUSSIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: NACHOM KURLAND
14. MOTHER'S MAIDEN NAME: RUCHI LAI
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MR. LEONARD KERPELMAN, 500 EQUITABLE BLDG.
ADDRESS

MEDICAL CERTIFICATION

1B. 4109 I

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — 1 day
DUE TO, OR AS A CONSEQUENCE OF:
(B) Arteriosclerotic Heart Disease — 5 years
DUE TO, OR AS A CONSEQUENCE OF:
(C) None

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): None

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Dec 3 1965 to Sept 17 1970, that (I) (~~we~~) last saw the deceased alive on Sept 17 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Manuel Levin MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/18/70
23C. PHYSICIAN'S NAME (Type): MANUEL LEVIN DEGREE
23D. ADDRESS: 6101 PARK HEIGHTS AVENUE Balto Md 21215

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-20-70
24C. NAME of CEMETERY or CREMATORY: HEBREW YOUNG MEN
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
ADDRESS

VS 150-REV. 1/1/68

D-560

BIRTH NO. 70 9319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9319

1. NAME OF DECEASED (Type or Print): JOHN OSCAR DANNER

2. DATE AND HOUR OF DEATH: SEPTEMBER 17, 1970 | 10:50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Blvd, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto Co. 53-00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 7717 Harford Road

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 7/7/13
9. AGE (In years last birthday): 57
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hampstead, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert Danner
14. MOTHER'S MAIDEN NAME: Edith Brummel

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): ~~WWXXX~~ WW II
16. SOCIAL SECURITY NO.: 212-10-6843
17. INFORMANT: Clin Rcds, VAH, Baltimore, Maryland — ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 156.2

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Probable pulmonary embulus — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF:

(B) Thrombophlebitis — 1 week

DUE TO, OR AS A CONSEQUENCE OF:

(C) Metastatic carcinoma of ampulla vater — 9 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 1/5/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Biliary obstruction
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~I~~ (this hospital) attended the deceased from September 10 1970 to September 17 1970 that ~~I~~ (we) last saw the deceased alive on September 17 1970 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~I~~ (We) (did) (~~XXXX~~) view the body after death.

23A. SIGNATURE: HR Leitner, Jr. M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/18/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: 3900 Loch Raven Boulevard, Baltimore, Maryland 21218

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-20-70
24C. NAME of CEMETERY or CREMATORY: SHILOH CEMETERY
24D. LOCATION (City, town, or county) (State): HAMPSTEAD, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: TIPTON-ELINE FUNERAL HOME — ADDRESS: HAMPSTEAD, MD.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-622 70 9320

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9320

1. NAME OF DECEASED (Type or Print): DONALD MAROUSEK

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month 9 Day 21 Year 1970 Hour 12:10 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maryland General Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 12-07

6. SEX: male

7. RACE: white

8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 11/8/53

10. AGE (in years last birthday): 16

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 533 W. 27th St.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Marousek

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Serv.Sta.Employee

14B. KIND OF BUSINESS OR INDUSTRY: Esso

15. MOTHER'S MAIDEN NAME: Margaret Walters

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Mrs.Margaret Marousek
ADDRESS: 533 W.27th St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E880X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cranio-cerebral injuries

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): porch

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 210 N. Charles St. rear 4-01

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-20-70 5:30 p. m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Subj. fell from porch.

23.

I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Isidore Mihalakis M.D.

EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9-21-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/24/70

24C. NAME of CEMETERY or CREMATORY: Moreland Mem.Park

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Ann Donovan
ADDRESS: 3818 Roland Ave.

VS 151-REV. 7/1/68

N 8340

T-512 70 9321

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9321

1. NAME OF DECEASED (Type or Print): Thompson Milton Oliver

2. DATE AND HOUR OF DEATH: Sept. 16, 1970 10 50 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hosp. 33rd & Calvert Sts.

44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 27-45

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 6420 Belair Rd.

5. SEX: Male

6. RACE: Caucasian

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: 7-16-12

9. AGE (In years last birthday): 57

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Thompson unknown

14. MOTHER'S MAIDEN NAME: Sophia Bowling unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): —

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 218077208

17. INFORMANT: Catherine S. Hesse

ADDRESS: Box 178 - Rt 9 Pasadena Md. 21122

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: carcinoma of pharynx

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 07-27-70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: carcinoma-pharynx

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 5 19 70 to Sept. 16 19 70 that (I) (we) last saw the deceased alive on Sept. 15 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R Gunnett DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Sept. 16, 1970

23C. PHYSICIAN'S NAME (Type): R. GUNNETT, MD. DEGREE

23D. ADDRESS: THE UNION MEMORIAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-21-70

24C. NAME of CEMETERY or CREMATORY: Parkwood Cemetery

24D. LOCATION (City, town, or county) (State): Parkville, Balto Co. Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: W. Cole Brooks

ADDRESS: 1050 York Rd Towson Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-520 70 9322

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9322

1. NAME OF DECEASED (Type or Print): MARY DIXIE KING

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 19, 1970 Hour 4:10 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1010 N. Calvert Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 11-01

6. SEX: Female 7. RACE: White 8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: Dec. 6, 1914 10. AGE (In years last birthday): 55 If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1010 N. Calvert Street

11. BIRTHPLACE (State or foreign country): North Catolina 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME: Walter G. King

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 14B. KIND OF BUSINESS OR INDUSTRY: Own Home 15. MOTHER'S MAIDEN NAME: Jessie Smith

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service) 17. SOCIAL SECURITY NO. 18. INFORMANT: Forbis-Dick F.H. ADDRESS: Greensboro, N.C.

MEDICAL CERTIFICATION

19. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m. 22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE Charles S. Springate M.D.
EXAMINER'S NAME (Type) Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED September 20, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9-25-70 24C. NAME of CEMETERY or CREMATORY: GREEN HILL CEMETERY 24D. LOCATION (City, town, or county) (State): Greensboro Guilford Co. N.C.

25A. DATE REC'D BY HEALTH DEPT. SEP 22 1970 25B. NAME OF REGISTRAR: Jabez E. Talley, M.D. 25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson, Inc. ADDRESS: Towson, Md.

VS 151-REV. 7/1/68

C-534 70 9323

BIRTH NO. [redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9323

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JAMES CANDLER.

2. DATE AND HOUR OF DEATH: 9/20/70. 6 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): S. Baltimore Gen. Hospital. Baltimore. Md. 21230.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 21222 A.A.C. 52-00
C. CITY OR TOWN: Pasadena.
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: Rt. 14. Box. 59.

5. SEX: M
6. RACE: W.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4-1-18
9. AGE (In years last birthday): 53
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bull dozer operator
10B. KIND OF BUSINESS OR INDUSTRY: Mohawk Co.
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: WILLIAM. Conder
14. MOTHER'S MAIDEN NAME: MARY. Bearhart
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 188-09-9664
17. INFORMANT: WIFE. DAUGHTER. ADDRESS: Rt. 14 Box. 59. Pasadena Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive Hemoptysis — 15 minutes
DUE TO, OR AS A CONSEQUENCE OF: aspiration.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Carcinoma Lung.
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 9-18 19 70 to 9-20 19 70 that (I) (we) last saw the deceased alive on 9-20 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-20-70.
23C. PHYSICIAN'S NAME (Type): AISHA SIMJEE DEGREE
23D. ADDRESS: SOUTH BALTIMORE GEN. HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/23/70
24C. NAME of CEMETERY or CREMATORY: Ivy Hill Cemetery
24D. LOCATION (City, town, or county): Laurel (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: R. Dwayne Singleton Funeral Home
ADDRESS: Home, Maryland

VS 150-REV. 1/1/68

D-254 70 9324

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9324

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHN J. DICAMILLO

2. DATE OF DEATH — Known [X] Estimated [ ] — Month September, Day 18, Year 1970, Hour M.

3. DATE PRONOUNCED DEAD — Month September, Day 18, Year 1970, Hour 7:45 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): City Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 28-31
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4805 ~~Sander Ave~~ Snader Ave

6. SEX: Male
7. RACE: White
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: Nov. 23, 1907
10. AGE (In years last birthday): 62
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Niagara Falls, New York
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Joseph DiCamillo

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor
14B. KIND OF BUSINESS OR INDUSTRY: Rail Road
15. MOTHER'S MAIDEN NAME: Margaret ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 213-01-2709
18. INFORMANT: Genevieve M. DiCamillo ADDRESS: 4805 Snader Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E805.0

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple injuries
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Railroad track
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Canton Railroad--Clinton & Eastbourne
26-36

22D. TIME OF INJURY (APPROX.) (Month) 9-18-70 (Day) (Year) (Hour) 7:05 P.m.
22E. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR? Crushed between moving railroad car and wall

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [ ] Accident [X] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: 9-19-70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: Sept. 22,70
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): Howard County, Maryland

25A. DATE REC'D BY HEALTH DEPT. SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Loring Byers ADDRESS: 8728 Liberty Road 21133

VS 151-REV. 7/1/68

N869.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-616 70 9325 REG. NO. 70 9325

1. NAME OF DECEASED (Type or Print): ELIZABETH M. SCARBOROUGH

2. DATE AND HOUR OF DEATH: 9-18-70 9:43 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL 35

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: USA 6-02
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 101 N. LUZERNE AVE. (24)

5. SEX: F 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 3/6/1895 9. AGE (In years last birthday): 75 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper 10B. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Henry Mueller 14. MOTHER'S MAIDEN NAME: Antoinette (?)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 215-48-7581 17. INFORMANT: Kathryn Landon (Daughter) ADDRESS: 101 N. Luzerne Ave. (24)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Cardiorespiratory arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Massive acute myocardial infarction — few hrs

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Possible Pulmonary Embolism few hrs

19A. DATE OF OPERATION: 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]: 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 7 1970 to Sept 18 1970 that (I) (we) last saw the deceased alive on Sept 18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolando Mendoza DEGREE: Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 9/18/70

23C. PHYSICIAN'S NAME (Type): ROLANDO MENDOZA, MD DEGREE: 23D. ADDRESS: 100 N. Broadway Balto., MD. 21231

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/22/'70 24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970 25B. NAME OF REGISTRAR: E. Jaffee, M.D. 25C. FUNERAL DIRECTOR: John H. Moran, Inc. ADDRESS: 3000 E. Baltimore S

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-540 70 9326

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9326

1. NAME OF DECEASED (Type or Print): THOMAS HENRY DANIELL

2. DATE AND HOUR OF DEATH: September 20, 1970 | M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 318 N. Paca Street Baltimore, Maryland 21201

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 4-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 318 N. Paca Street

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 30, 1913
9. AGE (In years last birthday): 56 yrs.
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor
10B. KIND OF BUSINESS OR INDUSTRY: Dept. Store
11. BIRTHPLACE (State or foreign country): New Hampshire
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William H. Daniell
14. MOTHER'S MAIDEN NAME: Charlotte B. Stebbins

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): ?
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Elizabeth Daniell, Same as # 4
ADDRESS

MEDICAL CERTIFICATION

18. 4124 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: J.S.C.N.D — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) alcoholism — 1-2 years (?)

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1-23 1970 to 9-20 1970, that (I) (we) last saw the deceased alive on 9-20 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Nakazawa DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type): J. NAKAZAWA DEGREE
23D. ADDRESS: 521 W. Lexington St

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-24-1070
24C. NAME of CEMETERY or CREMATORY: Plymouth Riverside
24D. LOCATION (City, town, or county) (State): Plymouth, New Hampshire

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: Wm. Cook-Brooks Towson
ADDRESS: 1050 York Road Towson, Md. 21204

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. K-255 70 9327 X REG. NO. 70 9327

1. NAME OF DECEASED (Type or Print): KOSSMANN MRS MARGARET

2. DATE AND HOUR OF DEATH: 9·18·70. 2·40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL 35 Baltimore Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Box 1789 MILLERS MD. 21107
B. COUNTY
C. CITY OR TOWN: ~~BALTIMORE~~ MILLERS
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: Box. 1789 MILLERS MD. 21107

5. SEX: F.
6. RACE: W.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] DIVORCED [ ]
8. DATE OF BIRTH: 10·12·03
9. AGE (In years last birthday): 66
If Under 1 Yr. Months: – Days: – If Under 24 Hrs. Hours: – Min.: –

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: HOSP.
11. BIRTHPLACE (State or foreign country): M.D.
12. CITIZEN OF WHAT COUNTRY? AMRICAN

13. FATHER'S NAME: GEORGE HANLY
14. MOTHER'S MAIDEN NAME: ROSE SCHMIDT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): –
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 214011472
17. INFORMANT: DOLORES CROSS ADDRESS: BOX 175 MILLERS MD

MEDICAL CERTIFICATION

18. 182.91

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: MIXED MESODERMAL
DUE TO, OR AS A CONSEQUENCE OF: SARCOMA OF UTERUS WITH METASESIS.
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C) Intestinal obstruction

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 3/31/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Intestinal obstruction
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8/27 19 70 to 9/18 19 70 that (I) (we) last saw the deceased alive on 9/18/ 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: ~~A. Mehta~~ A Mehta DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9/18/70
23C. PHYSICIAN'S NAME (Type): ~~A. MEHTA~~ A. MEHTA. DEGREE
23D. ADDRESS: c/o church home & hosp Balti MD 21231

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/21/70
24C. NAME of CEMETERY or CREMATORY: MEADOW RIDGE
24D. LOCATION (City, town, or county) (State): BALTO. MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: J. H. Connelly Sons ADDRESS: 3009 Pace Road

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-315 70 9328

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9328

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): DELBERT W. STEBBINGS

2. DATE AND HOUR OF DEATH: Sep 20, 1970 | 1 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

38 Delbert Stebbings

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 21-01

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 660 Washington Blvd. 21230

5. SEX: M

6. RACE: W

7. MARITAL STATUS: MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 4-2-00

9. AGE (In years last birthday): 70

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sanitation Dept.

10B. KIND OF BUSINESS OR INDUSTRY: Balt. City

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 5-26-19 to 12/24/1920

16. SOCIAL SECURITY NO.: 217-12-9918

17. INFORMANT: Florence Stebbings ADDRESS: 660 Washington Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — 1 hour

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cardiovascular Dis — 4 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

(R) Sided Hemiplegia — 6 Mos

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 19 1970 to Sept 20 1970 that (I) (we) last saw the deceased alive on Sept 20 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rifat Abousy DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: Sep 20, 70

23C. PHYSICIAN'S NAME (Type): Rifat Abousy DEGREE

23D. ADDRESS: Univ of Md Hosp

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/23/70

24C. NAME of CEMETERY or CREMATORY: Baltimore National

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Tarney, M.D.

25C. FUNERAL DIRECTOR: John J. Cowan Sr. Jr. ADDRESS: 901 Hollins St.

VS 150-REV. 1/1/68

M-245 70 9329

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9329

1. NAME OF DECEASED (Type or Print): Jean McLean — JEAN E McLEAN

2. DATE AND HOUR OF DEATH: 9/18/70 7:10 A.M. | 7:10 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mercy Hospital

37

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto Co 53-00

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 7 Cherry Hill Ct.

5. SEX: Female

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2/3/28

9. AGE (In years last birthday): 42

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hostess Super.

10B. KIND OF BUSINESS OR INDUSTRY: Vending Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Erdman

14. MOTHER'S MAIDEN NAME: Cora Jenkins

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Thomas W. McLean Sr — ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Embolism

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Pleural effusion

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/17 1970 to 9/18 1970 that (I) (we) last saw the deceased alive on 9/18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/18/70

23C. PHYSICIAN'S NAME (Type): Boo Keem Kim DEGREE

23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/21/70

24C. NAME OF CEMETERY or CREMATORY: Parkwood

24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Chas. F. Eyman & Son — ADDRESS: 8802 Harford Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-656 70 9330 Registered No. 70 9330

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): AUGUSTA HORNER

2. DATE AND HOUR OF DEATH: 9/16/70 11⁰⁵ P M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospitol or institution, give street address or location): 48 MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: BALTO. 27-34
C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTO
D. STREET ADDRESS (If rural, give location): 5960 GLEN FALLS AVE

5. SEX: F
6. RACE: C
7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify): WIDOW
8. DATE OF BIRTH: 9/29/90
9. AGE (In years last birthday): 79
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ILL.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: WM. HENSE
14. MOTHER'S MAIDEN NAME: CAROLINE KAISER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: CHART
ADDRESS:

CAUSE OF DEATH

18. 433.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) DUE TO: Cerebral edema ~~VASCULAR INSUFFICIENCY~~
(B) DUE TO: Cerebral infarct
(C): Arteriosclerotic cerebrovasc. disease

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.: Arteriolosclerosis

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 9/14/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: ? cerebrovascular catastrophe
20A. AUTOPSY? (Yes or No): yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/8 1970 to 9/16 1970, that (I) (we) last saw the deceased alive on 9/16 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Walter E. Fabes M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type):
23D. ADDRESS: M.D.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-21-70
24C. NAME of CEMETERY or CREMATORY: Belair Memorial Gardens
24D. LOCATION (City, town, or county) (State): Belair Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: John C. Miller Inc
ADDRESS: 6415 Belair Rd. - 21206

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Home Maker

No —

T-256 70 9331

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9331

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Tischner, Max G.

2. DATE AND HOUR OF DEATH: 9-17-70 | 11-45 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Md. 46

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 19-02
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 1409 McHenry St. 21223

5. SEX: male
6. RACE: white
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3-3-10
9. AGE (In years last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab Driver
10B. KIND OF BUSINESS OR INDUSTRY: Diamond Cab. Co.
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Tischner
14. MOTHER'S MAIDEN NAME: Mina Wolf
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-32-3951
17. INFORMANT: Theresa M. Tischner + Chart
ADDRESS: 1409 McHenry St. 21223

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 157.9 Carcinomas of Pancreas
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-16- 1970 to 9-17 1970 that (I) (we) last saw the deceased alive on 9-17 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Desai MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-17-70
23C. PHYSICIAN'S NAME (Type): PRAGNA DESAI MD DEGREE
23D. ADDRESS: 730, Ashburton St. Baltimore Md 21216

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 09/21/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore City, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Walter's Funeral Home
ADDRESS: Pratt & Stricker Streets 21223

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. F-626 70 9332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9332

1. NAME OF DECEASED (Type or Print): FOREACRE, ALETHEA ETHELYND

2. DATE AND HOUR OF DEATH: SEPTEMBER 16, 1970 4:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDEL 52-00
C. CITY OR TOWN: JESSUP
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: BOX 4 RT 175

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 12 05 94
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ASST. MATRON
10B. KIND OF BUSINESS OR INDUSTRY: WOMEN REFORMATORY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: JOHN STROUP
14. MOTHER'S MAIDEN NAME: MINNETTA (ALLISON)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-52-1822
17. INFORMANT: ST AGNES RECORDS
ADDRESS: BALTO MD 21229

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF:

(B) ACVD
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from AUGUST 11 19 70 to SEPTEMBER 16 19 70 that (I) (we) last saw the deceased alive on SEPTEMBER 16 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ching Hui Tsai, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/17/70
23C. PHYSICIAN'S NAME (Type): Ching-Hui Tsai, M.D. DEGREE
23D. ADDRESS: ST AGNES HOSPITAL CATON & WILKENS AVE

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/19/70
24C. NAME of CEMETERY or CREMATORY: Lorraine Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Barbour Inc.
ADDRESS: 1328 Sulphur Sp. Md.

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-400 70 9333

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 9333

1. NAME OF DECEASED (Type or Print): HARRY DANIEL HILL, JR.

2. DATE AND HOUR OF DEATH: 9/17/70 · 4:40 P M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Maryland Gen Hospital

48

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 27-48

C. CITY OR TOWN (If outside city limits, write RURAL and give township): BALTIMORE

D. STREET ADDRESS (If rural, give location): 1372 SHERWOOD AVENUE

5. SEX: M

6. RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED

8. DATE OF BIRTH: NOV 15 - 1905

9. AGE (In years last birthday): 64

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SELF Employed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HARRY HILL, SR.

14. MOTHER'S MAIDEN NAME: NANNIE OWENS

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-18-6774

17. INFORMANT: (WIFE) Dorothy E. Hill

ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

410.9

(A) Myocardial Infarction

DUE TO Arteriosclerotic Cardiovascular Disease

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 17 1970 to Sept 17 1970, that (I) (we) last saw the deceased alive on Sept 17 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Bayani B. Elma, MD M.D.

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9-17-70

23C. PHYSICIAN'S NAME (Type): BAYANI B. ELMA, M.D. M.D.

23D. ADDRESS: Md. GENERAL HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9/21/70

24C. NAME of CEMETERY or CREMATORY: OAK LAWN Cemetery

24D. LOCATION (City, town, or county) (State): BALTIMORE, Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Jabez E. Jabez, M.D.

25C. FUNERAL DIRECTOR: Thomas J. Ruck Inc.

ADDRESS: BALTIMORE

VS 150-REV. 1/1/65

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. V-520 70 9334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9334

1. NAME OF DECEASED (Type or Print): JOSEPH VINCI

2. DATE AND HOUR OF DEATH: Sept. 18, 1970 | 10.15 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 27-49
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2018 Northbourne Rd.

5. SEX: male
6. RACE: caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3/16/1904
9. AGE (In years last birthday): 66
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Md. State Racing
10B. KIND OF BUSINESS OR INDUSTRY: Commission
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pietro Vinci
14. MOTHER'S MAIDEN NAME: Anna Glorioso

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-05-6652
17. INFORMANT: Joseph Vinci
ADDRESS: same

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.9 I 250.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	Myocardial Infarction	Minutes
(B) DUE TO, OR AS A CONSEQUENCE OF:	Arteriosclerosis	years
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Diabetes Mellitus	years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from December 1965 to Sept 18 1970 that (I) (we) last saw the deceased alive on Sept 9 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: David I. Miller DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Sept 19-70
23C. PHYSICIAN'S NAME (Type): Dr. David I. Miller DEGREE
23D. ADDRESS: 9115 Reisterstown Road, Balto, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/22/70
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc.-Balto, Md. - 14
ADDRESS

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-612 70 9335

REG. NO. 70 9335

1. NAME OF DECEASED (Type or Print): GROVES, JOHN R.

2. DATE AND HOUR OF DEATH: 9/19/70 2:59 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Union Memorial Hosp. 44
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: ~~Baltimore~~ 27-33
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2403 ~~Holy~~ Halcyon Ave

5. SEX: M 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] 8. DATE OF BIRTH: 06-27-93 9. AGE (In years last birthday): 77 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired--Warehouseman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Groves
14. MOTHER'S MAIDEN NAME: Collista Dye

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-16-9408
17. INFORMANT: Mrs. Mary A. Groves ADDRESS: (Same)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Coronary artery disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cardiac sclerotic vascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(C) Cardiac arrest with brain damage

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/18 1970 to 9/19 1970 that (I) (we) last saw the deceased alive on 9/18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: I Cheikh DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/19/70
23C. PHYSICIAN'S NAME (Type): ISSAM CHEIKH DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/23/70.
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. Balto. Md. ADDRESS

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-652 70 9336

REG. NO. 70 9336

1. NAME OF DECEASED (Type or Print): HERRING, CHARLES, William

2. DATE AND HOUR OF DEATH: 9/20/70 2.15 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~BALTIMORE~~ Md
B. COUNTY: 27.02
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 4525 Mainfield Ave

5. SEX: M
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: July 10, 1904
9. AGE (In years last birthday): 66
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Door Man-Lord Balto.
11. BIRTHPLACE (State or foreign country): ~~Germany~~ Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles W. Herring
14. MOTHER'S MAIDEN NAME: Catherine Gatton

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
If yes, give war or dates of service:
16. SOCIAL SECURITY NO.: 213-05-7738
17. INFORMANT: Chart
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Peritonitis. Perforated diverticulum. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

(B) Severe emphysema

DUE TO, OR AS A CONSEQUENCE OF:

(C) Congested heart failure

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Y.S

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/19 1970 to 9/20 1970 that (I) (we) last saw the deceased alive on 8/19 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: I. Cheik DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/20/70
23C. PHYSICIAN'S NAME (Type): ISSAM E. CHEIKH DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/22/70
24C. NAME of CEMETERY or CREMATORY: Parkwood Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc.
ADDRESS: Balto. Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-436 N 70 9337

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9337

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Mrs. GLORIA E. ROHLEDER

2. DATE AND HOUR OF DEATH: SEPTEMBER 19, 70 1100 a.m. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bon Secours Hospital 4 Fayette & Pulaski Sts. Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 26-41
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 5522 Radecke Ave

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-3-27
9. AGE (In years last birthday): 42
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Hutzlers
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Sylvester
14. MOTHER'S MAIDEN NAME: Mary E. ~~xxxxxxxx~~ Bristow

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-24-5255
17. INFORMANT: Wilbert F. Rohleder same
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PULMONARY EMBOLISM — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 7-8 days.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO.
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September, 2 19 70 to September 19 1970 that (I) (we) last saw the deceased alive on September, 19 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Suvimon Nutakul M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: September 19, 70
23C. PHYSICIAN'S NAME (Type): SUVIMON NUTAKUL DEGREE
23D. ADDRESS: BON SECOURS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/23/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven
24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. Balto. Md.
ADDRESS

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-200 70 9338

REG. NO. 70 9338

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): Marie Ellis ~~Lacey~~ Lacey

2. DATE AND HOUR OF DEATH: Sept. 20, 1970 | 5:20 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Jenkins Memorial Hospital, 1000 Caton Avenue, Baltimore, Maryland 21229
9-28-70
91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Kingsville Md.
B. COUNTY: Baltimore Co
53.00
C. CITY OR TOWN: Kingsville
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Cedar Lane Kingsville Md.

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/29/~~1894~~ 1895
9. AGE (In years last birthday): ~~76~~ 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James h ~~M~~ Ellis
14. MOTHER'S MAIDEN NAME: Mary Shields

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): Army 1st. World War
16. SOCIAL SECURITY NO.: 21-05-8275
17. INFORMANT: Jenkins Memorial Hosp.
ADDRESS: 1000 Caton Ave Balt Md.

MEDICAL CERTIFICATION

18. 4/2.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBRAL VASCULAR ACCIDENT
DUE TO, OR AS A CONSEQUENCE OF:
(B) A S CVD
DUE TO, OR AS A CONSEQUENCE OF:
(C) CHRONIC BRAIN SYNDROME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from May 4 1970 to ~~May 20~~ Sept. 20 1970, that ~~I~~ (we) last saw the deceased alive on ~~May 20~~ Sept. 20 1970 and that in ~~my~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: J. Raymond Gladue M.D. DEGREE
Attending Phys. ☒ Med. Director ☒ Staff Phys. ☐
23B. DATE SIGNED: Sept 5/30/70
23C. PHYSICIAN'S NAME (Type): J. Raymond Gladue M.D. DEGREE
23D. ADDRESS: Jenkins Memorial Hosp

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/22/70
24C. NAME of CEMETERY or CREMATORY: St. Stephens Cemetery
24D. LOCATION (City, town, or county) (State): Bradshaw, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. Balto. Md. #14
ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Letter from Physician at Jenkins Memorial Hospital 9-28-70 M.H.

1

R-253 70 9339

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

X 70 9339

BIRTH NO. REG. NO.

CERTIFICATE AMENDED

1. NAME OF DECEASED (Type or Print): CHARLES ROGGENTINE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 16, 1970 Hour 2:55 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD (Full Name of Hospital or Institution, If not in Hospital or Institution, Enter Street Address or Location): Congress Hotel, 306 N. Franklin Street

9-25-70

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pennsylvania
B. COUNTY: V-35
C. CITY OR TOWN: Philadephia
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 7979 State Road

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Oct. 14, 1907.
10. AGE (In years last birthday): 62
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Roggentine

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Ella ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): W W 2
17. SOCIAL SECURITY NO. 161014-7227
18. INFORMANT: Sister M. Cynthia ADDRESS: St. Josephs Hosp. Balto. Md. 21201

MEDICAL CERTIFICATION

19. 412.4

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
DATE SIGNED: September 17, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/23/70.
24C. NAME of CEMETERY or CREMATORY: ~~Baltimore National Cem.~~ Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Talbey, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md.

VS 151-REV. 1/1/68

1 9 7 0 0 0 0 8 3 2 4

V.S. 153 9-25-70 M.H.

57-62-57 djs

D-120 70 9340

BIRTH NO. 70-16218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9340

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): DAVIS BOY ~~MARLON~~

2. DATE AND HOUR OF DEATH: 9/15/70 3:01 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3/ BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE 21224 Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 28-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3200 Milford Avenue 21207

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-15-70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.: 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: DAVIS, MARLON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: BCH: Records
ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SECONDARY APNEA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 45'

DUE TO, OR AS A CONSEQUENCE OF:

(B) PREMATURITY POSSIBLE SEPSIS

DUE TO, OR AS A CONSEQUENCE OF:

(C) PREMATURE RUPTURE OF MEMBRANES

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

769.1

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 2:15 AM 9/15 1970 to 3:01 AM 9/15 1970 that (I) (~~we~~) last saw the deceased alive on 3:01 AM 9/15 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: H. Stephen Williams DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/15/70
23C. PHYSICIAN'S NAME (Type): H. Stephens Williams DEGREE
23D. ADDRESS: 4940 Eastern Ave. Balto. Md. 21224 BALTIMORE CITY HOSPITALS

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE: 9-16-70
24C. NAME of CEMETERY or CREMATORY: Baltimore City Hospitals
24D. LOCATION (City, town, or county) (State): 4940 Eastern Avenue Baltimore, Maryland 21224

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Weber, M.D.
25C. FUNERAL DIRECTOR: HOSPITAL DISPOSAL
ADDRESS

VS 150-REV. 1/1/68

BIRTH NO. N-630 70 9341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9341

1. NAME OF DECEASED (Type or Print): William Norwood

2. DATE AND HOUR OF DEATH: 9-19-70 1:45 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 39
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 1514 Division Street Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 633 N. Carrollton Avenue

5. SEX: Male
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3-13-95
9. AGE (In years last birthday): 75
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 218-10-4793A
17. INFORMANT: Mrs. Clara Norwood- Wife
ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular Disease
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C) Resolving Pneumonia and Multiple Sclerosis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 3, 19 70 to September 19, 19 70 that (I) (we) last saw the deceased alive on September 19, 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Afelia G. Loot, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9-19-70
23C. PHYSICIAN'S NAME (Type): Afelia G. Loot, M.D. DEGREE
23D. ADDRESS: 1514 Division Street Baltimore, Maryland 21217

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-23-70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Jabez E. Jabez, C.D.
25C. FUNERAL DIRECTOR: Robinson
ADDRESS: 1000 Brandy St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

70 9342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 70 9342

BIRTH NO. L-300 [redacted]

1. NAME OF DECEASED (Type or Print): Sr LLOYD CLINTON GEORGE

2. DATE AND HOUR OF DEATH: 9/17/70. 5:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): S. Baltimore General Hospital. 413 Baltimore. Md. 21230.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 25-43
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3001. S. Hanover St.

5. SEX: M 6. RACE: C 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2-1-96. 9. AGE (In years last birthday): 74. If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Batch operator
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Lloyd (Dec)
14. MOTHER'S MAIDEN NAME: SARA. ? Brown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): (If yes, give war or dates of service): YES
16. SOCIAL SECURITY NO.: 215-05-5861-A.
17. INFORMANT: SON. ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 25 days.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pleural effusion; Mediastinal shift. — 1 month.

DUE TO, OR AS A CONSEQUENCE OF:

(C) Tuberculosis lung. — By Hx.

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Premature atrial contractions. Premature Ventricular Contractions. — 1 month.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 8-19. 1970 to 9-17. 1970. that (I) (we) last saw the deceased alive on 9-17. 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/17/70.
23C. PHYSICIAN'S NAME (Type): AISHA SIMJEE DEGREE
23D. ADDRESS: S. Balt. Gen. Hospital. Md. 21230.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-23-70
24C. NAME of CEMETERY or CREMATORY: Balto Nat Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Faber, M.D.
25C. FUNERAL DIRECTOR: [signature] ADDRESS: 1000 Bramblyle

VS 150-REV. 1/1/68

2435- Annop Ct #21230 -

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-526 70 9343

REG. NO. 70 9343

1. NAME OF DECEASED (Type or Print): MRS. ANNIE FINCH

2. DATE AND HOUR OF DEATH: 9/17/70 11:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 CHURCH HOME & HOSPITAL 100 N. BROADWAY ST., BALTO., MD. 21231

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 5-01
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1107 THOMSEN STREET

5. SEX: F
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 7/7/97
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME MAKER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? AMERICA

13. FATHER'S NAME: HORACE HENSON
14. MOTHER'S MAIDEN NAME: MAGGIE COLLISON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): N
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. MILDRED CREW
ADDRESS:

MEDICAL CERTIFICATION

18. 563.1 + 250.9

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiorespiratory failure
DUE TO, OR AS A CONSEQUENCE OF:
(B) Ulcerative colitis c̄ superimposed staphylococcal enteritis
DUE TO, OR AS A CONSEQUENCE OF:
(C) Diabetes mellitus, Congestive heart failure

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/1 19 70 to 9/17 19 70 that (I) (we) last saw the deceased alive on 9/17 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: A. C. Chouvalit, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/17/70
23C. PHYSICIAN'S NAME (Type): A. C. CHOUVALIT, M.D. DEGREE
23D. ADDRESS: CHURCH HOME + HOSPITAL BALTO., MD. 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-22-70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: [illegible]
ADDRESS:

VS 150-REV. 1/1/68

1

R-152 70 9344

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 9344

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): CHARLES A. ROBINSON

2. DATE OF DEATH: Known [X] Estimated [ ] Month September Day 19 Year 1970 Hour M.

3. DATE PRONOUNCED DEAD: Month September Day 19 Year 1970 Hour 9:35 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital (DOA)

49/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 9-06
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2926 Alameda

6. SEX: Male
7. RACE: Negro
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. DATE OF BIRTH: Feb 22-1923
10. AGE (In years last birthday): 47
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Robinson
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Lizzie Fuller
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): YES
17. SOCIAL SECURITY NO.: 144-14-4859
18. INFORMANT: Juanita Robinson ADDRESS: Same

MEDICAL CERTIFICATION

19. I 412.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 20, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-24-70
24C. NAME of CEMETERY or CREMATORY: Clarksville Cem
24D. LOCATION (City, town, or county) (State): Virginia

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Talley M.D.
25C. FUNERAL DIRECTOR: Curtis Stone ADDRESS: Vol

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-530 70 9345

REG. NO. 70 9345

1. NAME OF DECEASED (Type or Print): Estella Smith

2. DATE AND HOUR OF DEATH: 9-20-1970 1 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 13-03

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 2525 Woodbrook Ave

5. SEX: F

6. RACE: N

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5-9-1900

9. AGE (In years last birthday): 70

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Holmins

14. MOTHER'S MAIDEN NAME: Elizabeth —

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-05-2901

17. INFORMANT: Bolton Hill Nursing Home

ADDRESS: 1400 John St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Carcinoma of Stomach — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Months

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-18 1970 to 9-20 1970, that (I) (we) last saw the deceased alive on 9-18-70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theodore J. Nizek DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-21-70

23C. PHYSICIAN'S NAME (Type): T. J. NIZEK DEGREE

23D. ADDRESS: 429 S Chester St

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-25-70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE RECEIVED BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: [illegible]

ADDRESS: [illegible]

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. F-655 70 9346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9346

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Mary E. Freeman / Mary Freeman

2. DATE AND HOUR OF DEATH: 9/18/70 | 9:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 12-05
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 1632 N. Calvert St.

5. SEX: Female
6. RACE: Caucasian
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6/19/14
9. AGE (In years last birthday): 56
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Alba A. Andrews / unknown
14. MOTHER'S MAIDEN NAME: Mildred LaHue / unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-28-0169 / unknown
17. INFORMANT: Mr. Frank Freeman, 1625 St. Paul St. / Chon't

MEDICAL CERTIFICATION

18. 431.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Bronchopneumonia
DUE TO, OR AS A CONSEQUENCE OF:

(B) Subdural hematoma
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 8/14/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Subdural hematoma
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/6 19 70 to 9/18 19 70 that (I) (we) last saw the deceased alive on 9/18 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary U. Miller M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9/18/70
23C. PHYSICIAN'S NAME (Type): Gary U. Miller M. D. DEGREE
23D. ADDRESS: Maryland Gen. Hosp.

24A. BURIAL, CREMATION, REMOVAL (Specify): ~~XXXXX~~ Cremation
24B. DATE: 9/23/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park crematory
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Witzke, 4101 Edmondson Ave., 21229

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M-260 70 9347 REG. NO. 70 9347

1. NAME OF DECEASED (Type or Print): Joseph Bernard Maguire Jr

2. DATE AND HOUR OF DEATH: Sept 21 - 70 | 12:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 328 Furrow St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY: 20-05

C. CITY OR TOWN: Balto City

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 328 Furrow St

5. SEX: M

6. RACE: W

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: March 16-98

9. AGE (In years last birthday): 72

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph B Sr

14. MOTHER'S MAIDEN NAME: Henniman

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-03-7751

17. INFORMANT: Joseph C Maguire ADDRESS: 328 Furrow St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Atherosclerotic CVD — 10 yr.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 1968 to Sept 21 1970, that (I) (we) last saw the deceased alive on Sept 19 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-24-70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS: 6014 Edmondson Ave Md 21228

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-24-70

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cem

24D. LOCATION (City, town, or county) (State): Belair Rd Balto City

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Jaber M.D.

25C. FUNERAL DIRECTOR: Geo T. Dalmatian ADDRESS: 2101 Frederick Av

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-153 70 9348

REG. NO. 70 9348

1. NAME OF DECEASED (Type or Print): JOHN EDWARD SPINDLER Sr.

2. DATE AND HOUR OF DEATH: September 19, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 420 N. Castle Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 6-04

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 420 N. Castle Street

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 14, 1914

9. AGE (In years last birthday): 55

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance

10B. KIND OF BUSINESS OR INDUSTRY: American Standard

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C. Spindler

14. MOTHER'S MAIDEN NAME: Annie E. Seibel

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-05-9936

17. INFORMANT: Mrs Mary M. Spindler ADDRESS: 420 N. Castle St.

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Bronchogenic Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 months

DUE TO, OR AS A CONSEQUENCE OF: Right Lung

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 7-7-70 19 to 9-19-70 19, that (I) (we) last saw the deceased alive on 9-18-70 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: John Costantini MD DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-21-70

23C. PHYSICIAN'S NAME (Type): JOHN COSTANTINI, MD. DEGREE

23D. ADDRESS: 234 S. CONKLING ST BALTO, MD 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-23-1970

24C. NAME of CEMETERY or CREMATORY: Oak Lawn

24D. LOCATION (City, town, or county) (State): Baltimore County, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 1901-07 Eastern Ave.

0 0 0 8 3 3 3

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 19 70 9349

BIRTH NO. D-400 70 9349

1. NAME OF DECEASED (Type or Print): THOMAS, DAILEY Sr.

2. DATE AND HOUR OF DEATH: 9/21/1970 10:15 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1931 Bank St.

5. SEX: M
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH: 6/14/19
9. AGE (In years last birthday): 51 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Dailey
14. MOTHER'S MAIDEN NAME: Carolina Walters
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-03-4503
17. INFORMANT: Mrs Louise Everd — ADDRESS: 1931 Bank Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Upper GI bleeding — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 hrs.
DUE TO, OR AS A CONSEQUENCE OF:

(B) Adenocarcinoma of pancreas
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8/24/70 19 to Sept 21 19 70, that (I) (~~we~~) last saw the deceased alive on Sept 21 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Douglas L. Hurley MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/21/70
23C. PHYSICIAN'S NAME (Type): DOUGLAS L. HURLEY MD DEGREE
23D. ADDRESS: 627 N. Castle, Baltimore, MD.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-24-1970
24C. NAME of CEMETERY or CREMATORY: Mt Carmel
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: Lilly & Zeiler Inc. — ADDRESS: 1901-07 Eastern Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

OSL 4

D-220 70 9350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9350

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Adaline B. Dicicco

2. DATE AND HOUR OF DEATH: Sep. 21, 1970 | 3:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 48 Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 3-02

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 308 Albemarle St.

5. SEX: F

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12/9/99

9. AGE (In years last birthday): 70

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cosimo Dicicco

14. MOTHER'S MAIDEN NAME: Loretta GAREARA

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 215-52-5602

17. INFORMANT: Dominic Dicicco

ADDRESS: 1570 Cottage Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: metastatic cancer

DUE TO, OR AS A CONSEQUENCE OF: Breast cancer

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sep. 1 1970 to Sep. 21 1970 that (I) (we) last saw the deceased alive on Sep. 21 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Tsukamoto M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/21/70

23C. PHYSICIAN'S NAME (Type): Reizo Tsukamoto DEGREE

23D. ADDRESS: Maryland General Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: SEPT 24 1970

24C. NAME of CEMETERY or CREMATORY: HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county) (State): 4430 BELAIR RD BALTO MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: THE DEPPEC BROS INC

ADDRESS: 1800 E LOMBARD ST

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

O-400 70 9351

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9351

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MILFORD E. OLLIE

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year Hour — September 18, 1970 6:20 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2508 Druid Hill Park Drive

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 15-12

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 11-20-1935
10. AGE (In years last birthday): 34
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 2508 Druid Park Drive

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry W. Ollie

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
14B. KIND OF BUSINESS OR INDUSTRY: U. S. Government
15. MOTHER'S MAIDEN NAME: Hallie Johnson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): yes (If yes, give war or dates of service): WW II
17. SOCIAL SECURITY NO.: 216-30-6937
18. INFORMANT: Henry W. Ollie — ADDRESS: 2508 Druid Park Drive

MEDICAL CERTIFICATION

19. E953X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Hanging

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2508 Druid Park Drive 15-12

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-18-70 6:00 A. m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Subject hanged himself

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9/18/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-23-70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Mary-Elizabeth Law — ADDRESS: 802 Madison Ave.

VS 151-REV. 7/1/68

N 99417 70 0 0 0 8 3 3 6

1

H-125

70 9352 BALTIMORE CITY HEALTH DEPARTMENT 70 9352

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): THOMAS NELSON T. HOPKINS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 19, 1970 Hour 10:45 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 4900 York Road

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 27-11
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 4900 York Road

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 8/15/1899
10. AGE (in years last birthday): 71
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas J. Hopkins
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Manager
14B. KIND OF BUSINESS OR INDUSTRY: C & P Telephone Co.
15. MOTHER'S MAIDEN NAME: Florence M. Shortt
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 212-05-0452
18. INFORMANT: Mrs. Alice H. Timanus ADDRESS: 635 Gorsuch Ave

MEDICAL CERTIFICATION

19. 412.4

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: September 20, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/23/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins & Sons Co. ADDRESS: 4905 York Rd. Balto., Md. 21212

VS 151-REV. 7/1/68

8 3 3 7

1

C-200

70 9353 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9353

1. NAME OF DECEASED (Type or Print): Beatrice M. CHASE

2. DATE OF DEATH — Known [X] Estimated [ ] — Month / Day / Year: September 19, 1970 — Hour: 4:13 P.M.

3. DATE PRONOUNCED DEAD — Month / Day / Year: September 19, 1970 — Hour: 4:13 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 39 Provident Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 15-47
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2229 N. Ellomont Street

6. SEX: Female
7. RACE: Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
9. DATE OF BIRTH: 3/1/1920
10. AGE (In years last birthday): 50 — If Under 1 Yr. If Under 24 Hrs. Months / Days / Hours / Min.
11. BIRTHPLACE (State or foreign country): Richmond, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Dameron
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Solome Dameron
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Constance Hargrove — ADDRESS: 2229 N. Ellamont St.

MEDICAL CERTIFICATION

19. 412.2

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Hypertensive cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]
DATE SIGNED: September 20, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/23/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Kenneth H. Law — ADDRESS: 4607-11 Park Heights Ave.

VS 151-REV. 1/1/68

0 3 3 8

1

B-650

70 9354

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9354

BIRTH NO.

1. NAME OF DECEASED (Type or Print): AIDA BROWN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 20 Year 1970 Hour 1:55 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Pennsylvania B. COUNTY: V-35

6. SEX: Female

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

C. CITY OR TOWN: Philadelphia

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 7-18-1920

10. AGE (In years last birthday): 50 — If Under 1 Yr. Months, Days; If Under 24 Hrs. Hours, Min.

E. STREET AND NUMBER: 766 Martin St.

11. BIRTHPLACE (State or foreign country): Philadelphia, PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Richards

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Ruth Adams

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Walter Richards ADDRESS: 1516 S. Capitol St. Phila. PA

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Multiple injuries

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): JFK Hwy. mile Port #211

22D. TIME OF INJURY (APPROX.): (Month) 9 (Day) 20 (Year) 1970 (Hour) 11:02 a.m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Passenger in auto accident.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Isidore Mihalakis M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.

DATE SIGNED: 9-21-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/26/70

24C. NAME of CEMETERY or CREMATORY: Eden Cemetery

24D. LOCATION (City, town, or county) (State): Dela. Co. PA.

25A. DATE REC'D BY HEALTH DEPT: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Faber M.D.

25C. FUNERAL DIRECTOR: Conway Funeral Home ADDRESS: 1232 S. 22nd St.

VS 151-REV. 7/1/68

N 67.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. R-152 70 9353

REG. NO. 70 9353

1. NAME OF DECEASED (Type or Print): Robinson, George

2. DATE AND HOUR OF DEATH: 9-15-70 10 10 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt. Sinai Nursing Home 4613 Park Heights Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 13-03

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2518 Madison Ave.

5. SEX: M 6. RACE: Black 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 4-22-90 9. AGE (In years last birthday): 80 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charlotte, Va

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George H Robinson

14. MOTHER'S MAIDEN NAME: Ida Fountain

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-92-9304

17. INFORMANT: Mr Hudson Jones, ADDRESS:

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 410.9

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Coronary thrombosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic cardiovascular

DUE TO, OR AS A CONSEQUENCE OF:

(C) Coronary disease — 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Large decubitus ulcer 1 y.

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/14 19 70 to 9/15 19 70, that (I) (we) last saw the deceased alive on 9/15 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/17/70

23C. PHYSICIAN'S NAME (Type): A S H DEGREE:

23D. ADDRESS: 206, S. Greenwood

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/18/70

24C. NAME of CEMETERY or CREMATORY: Mt Calvary Cemetry

24D. LOCATION (City, town, or county) (State): A A County Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: Adolphus Halstead ADDRESS: 1206 W North Ave

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

I-615

BIRTH NO. 70 9356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9356

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): RIED IRVING

2. DATE AND HOUR OF DEATH: 9/20/70 11:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 42 SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: BALTIMORE 27-55
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 5602 WILDWOOD LANE

5. SEX: MALE
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/31/00
9. AGE (In years last birthday): 70
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto, Md.
12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Pistach
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: RESPIRATORY FAILURE — MINUTES.
DUE TO, OR AS A CONSEQUENCE OF:
(B) CEREBRO-VASCULAR ACCIDENT — DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(C) DIABETES MELLITUS — YEARS.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/6/70 1970 to 9/20 1970 that (I) (we) last saw the deceased alive on 9/20/1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Nagam Awan MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/20/70
23C. PHYSICIAN'S NAME (Type): NAGAM AWAN MD DEGREE
23D. ADDRESS: SINAI HOSPITAL BENNETT AT GREENSPRING AVE BALTIMORE

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 9-22-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, Town, County) (State)

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/68

T-528

BIRTH NO. 70-13988 70 9357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9357

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Baby Boy Thomas

2. DATE AND HOUR OF DEATH: 8-11-70, 4 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore, Inc Belvedere Ave At Greenspring Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: 15-13
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3535 Virginia Ave

5. SEX: M
6. RACE: Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8-10-70
9. AGE (In years last birthday): If Under 1 Yr. Months Days; If Under 24 Hrs. Hours 6 Min. 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Gloria Thomas
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mothers Chart — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Immaturity
DUE TO, OR AS A CONSEQUENCE OF:
(B) Premature labor
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-10-70, 915 AM 19__ to 4AM, 8-11-1970 that (I) (we) last saw the deceased alive on 8-11-70, 350 AM and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Julio M Pardo M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 8, 11, 70
23C. PHYSICIAN'S NAME (Type): JULIO M PARDO DEGREE
23D. ADDRESS: 6727 Windsor Mill Rd Balto Md

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 9-22-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State):

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE — BCHD
ADDRESS:

VS 150-REV. 1/1/68

F-430 70-11749 70 9358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9358

BIRTH NO. [redacted]

1. NAME OF DECEASED (Type or Print): Fulwood, Baby Girl

2. DATE AND HOUR OF DEATH: 7-14-70 9:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 15-13

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4236 Pimlico Rd.

5. SEX: F

6. RACE: N

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7-10-70

9. AGE (In years last birthday): If Under 1 Yr. Months: / Days: 4 If Under 24 Hrs. Hours: 2 Min.: 46

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin A. Fulwood

14. MOTHER'S MAIDEN NAME: Elizabeth Poole

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Benjamin Fulwood ADDRESS: 4236 Pimlico Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardio-Respiratory Arrest

DUE TO, OR AS A CONSEQUENCE OF:

(B) Septic shock

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Prematurity - 33-34 week Gestation

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work [ ] ~~Not While At Work~~ [ ]

21F. HOW DID INJURY OCCUR? —

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 7-10 1970 to 7-14 1970 that (I) ~~(we)~~ last saw the deceased alive on 7-14 1970 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We) (did) (did not)~~ view the body after death.

23A. SIGNATURE: Louise M. Lisi M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 7-14-70

23C. PHYSICIAN'S NAME (Type): Louise M. Lisi M.D. DEGREE

23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL, CREMATION, REMOVAL (Specify): —

24B. DATE: 9-22-70

24C. NAME of CEMETERY or CREMATORY: —

24D. LOCATION (City or Town) (State): —

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.

25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-500 70 9359

BIRTH NO. 70-9947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9359

1. NAME OF DECEASED (Type or Print): BEAN, BABY BOY

2. DATE AND HOUR OF DEATH: 6/9/70 | 4:45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL OF BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 15-37

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 3235 Powhatan Ave.

5. SEX: Male

6. RACE: Negro

7. MARRIED [ ] NEVER MARRIED [✓] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 6/9/70

9. AGE (In years last birthday):

If Under 1 Yr. Months: | Days: | If Under 24 Hrs. Hours: | Min.: 43

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE JONES ~~UNKNOWN~~

14. MOTHER'S MAIDEN NAME: LINDA BEAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. 7641

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Prematurity

DUE TO, OR AS A CONSEQUENCE OF:

(B) Infant born of a diabetic Class F mother

DUE TO, OR AS A CONSEQUENCE OF:

(C) Severe Respiratory Distress

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: White At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 6/9 19 70 to 6/9 19 70, that (I) (we) last saw the deceased alive on 6/9 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Eufemio M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 6/9/70

23C. PHYSICIAN'S NAME (Type): J. EUFEMIO M.D. DEGREE

23D. ADDRESS: Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify):

24B. DATE: 9-22-70

24C. NAME of CEMETERY or CREMATORY: (City or Town) (State)

ANATOMY BOARD OF MARYLAND
JOHNS HOPKINS MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Fallon, M.D.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. G-425 70 9360

REG. NO. 70 9360

1. NAME OF DECEASED (Type or Print): Gillison, Martha

2. DATE AND HOUR OF DEATH: 9-15-70 2 45 pm M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mt. Sinai Nursing Home 4613 Park Heights Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 8-04

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2318 Chase St

5. SEX: F

6. RACE: Black

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3-26-07

9. AGE (In years last birthday): 63

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Owens

14. MOTHER'S MAIDEN NAME: Sallie Brightwell

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Rev. Timothy Gillison

ADDRESS: 30 N. Wheeler Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A)	Bronchopneumonia	1 week
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Subdural Hematoma	5 weeks
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	none	

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): none

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Sept 9 1970 to Sept 15 1970, that (I) (we) last saw the deceased alive on Sept 15 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Manuel Levin, DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/15/70

23C. PHYSICIAN'S NAME (Type): MANUEL LEVIN M.D. DEGREE

23D. ADDRESS: 6101 Park Hgts Ave, Balto-15 Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-19-70

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery

24D. LOCATION (City, town, or county) (State): Anne Arundel Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.

25C. FUNERAL DIRECTOR: Randolph J. Collick

ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

I-100 70 9361

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9361

1. NAME OF DECEASED (Type or Print): Lee ELDRIDGE IVY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month September Day 15 Year 1970 Hour 6:40 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1617 N. Montford Avenue

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 8-02

6. SEX: Male

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☑ NO ☐

9. DATE OF BIRTH: 8-14-1952

10. AGE (In years last birthday): 18
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 1632 N. Montford Avenue

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Ivy, Sr.

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trainee

14B. KIND OF BUSINESS OR INDUSTRY: Odd Jobs

15. MOTHER'S MAIDEN NAME: Cozeny Howard

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 212-56-9698

18. INFORMANT: Mrs Ada Francis ADDRESS: 1632 Montford Ave.

MEDICAL CERTIFICATION

E966 X

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Stab wound of chest

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Steps

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 1632 N. Montford Avenue. 8-02

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-15-70 6:20 P. m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Stabbed during argument

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

DATE SIGNED: 9/16/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/20/70

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery

24D. LOCATION (City, town, or county) (State): Anne Arundel Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Tanberg M.D.

25C. FUNERAL DIRECTOR: Randolph J. Collick ADDRESS: 2431 E. Oliver St.

VS 151-REV. 7/1/68

M-241 70 9362

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9362

1. NAME OF DECEASED (Type or Print): DELIA McAULIFFE

2. DATE AND HOUR OF DEATH: 16 SEPT 70, 9:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: BALTO. 5300

C. CITY OR TOWN: BALTO.

D. INSIDE CITY LIMITS? YES ☐ NO ☑

E. STREET AND NUMBER: SPRING GROVE STATE HOSP

5. SEX: F

6. RACE: CAU

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 6/3/1901

9. AGE (In years last birthday): 69

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): IRELAND

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: PATRICK GLYNN

14. MOTHER'S MAIDEN NAME: EILEN GUILAFOYLE.

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-56-1669

17. INFORMANT: CHART ADDRESS:

MEDICAL CERTIFICATION

18. 569.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SEPTIC SHOCK — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4-6 HRS.

DUE TO, OR AS A CONSEQUENCE OF:

(B) GANGRENE OF ASCENDING COLON — DAYS.

DUE TO, OR AS A CONSEQUENCE OF:

(C) + SMALL BOWEL ETIOL UNDETERMINED

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: PT. WAS INMATE AT SPRING GROVE + COULD NOT COMMUNICATE

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/14/70 19 to 9/16/70 19 that (I) (we) last saw the deceased alive on 9/16/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John Jay Oldroyd MD. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/16/70

23C. PHYSICIAN'S NAME (Type): JOHN JAY OLDROYD MD DEGREE

23D. ADDRESS: University Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9/19/70

24C. NAME of CEMETERY or CREMATORY: MT. OLIVET

24D. LOCATION (City, town, or county) (State): WASH. D.C.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.D.

25C. FUNERAL DIRECTOR: HANLON FUNERAL HOME ADDRESS: WASH. D.C.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4E in Spring Grove since
8/14/39 CJ

P-120 70 9363

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9363

1. NAME OF DECEASED (Type or Print): Olympia Pappas

2. DATE AND HOUR OF DEATH: 9-17-70 8 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5529 S. Medwick Garth

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Balto. 28-54

C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 5529 S. Medwick Garth

5. SEX: Female 6. RACE: White 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 10-26-97 9. AGE (In years last birthday): 72 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Greece 12. CITIZEN OF WHAT COUNTRY? Greece

13. FATHER'S NAME: Panagos Lamprinopoulos 14. MOTHER'S MAIDEN NAME: Aspasia Ramos

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 224-28-1786

17. INFORMANT: Stella Pappas, 5529 S. Medwick Garth ADDRESS

MEDICAL CERTIFICATION

18. 412.4

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Decompensation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wk.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) Arteriosclerotic Cardio-Vascular Disease — 10 yr.

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Cerebro-Vascular accident — 1 yr.

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9-3- 1963 to 9-17 1970 that (I) (~~we~~) last saw the deceased alive on 9-12- 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: W. K. Gallagher Sr. M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-18-70

23C. PHYSICIAN'S NAME (Type): W. K. Gallagher Sr. M.D. DEGREE

23D. ADDRESS: 6209 Frederick Ave. Baltimore, Md. 21228

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9-19-70 24C. NAME of CEMETERY or CREMATORY: Greek Orthodox Cem. 24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: Matthews T. ADDRESS: 3021 Eastern Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

ssb-39-18-13 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-153 70 9364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9364

1. NAME OF DECEASED (Type or Print): Papandreas, Spiros

2. DATE AND HOUR OF DEATH: 9/19/70 9:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
31 Baltimore City Hospitals
4940 Eastern Avenue
Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-07
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 405 South Macon Street 21224

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 12-12-90
9. AGE (In years last birthday): 79
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rest.
10B. KIND OF BUSINESS OR INDUSTRY: Restaurant
11. BIRTHPLACE (State or foreign country): Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Papandreas
14. MOTHER'S MAIDEN NAME: Kalliopi Zorpas

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 232-28-0315
17. INFORMANT: Records: BCH-4940 Eastern Avenue
ADDRESS: 21224

MEDICAL CERTIFICATION

18. 436.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebro-vascular-accident — approx. 9 months
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 4, 19 70 to Sept. 19 19 70 that (I) (we) last saw the deceased alive on Sept 18 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William Feder M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9/19/70
23C. PHYSICIAN'S NAME (Type): William Feder DEGREE
23D. ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-21-70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemeter
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970
25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D.
25C. FUNERAL DIRECTOR: Nicholas D. Matthews
ADDRESS: 3021 Eastern Ave., Baltimore, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-623 70 9365

REG. NO. 70 9365

1. NAME OF DECEASED (Type or Print): Louise Wright

2. DATE AND HOUR OF DEATH: Sept. 20, 1970 7 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 938 S. East Ave.

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 26-11

C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 938 S. East Ave.

5. SEX: F

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 10-28-1884

9. AGE (In years last birthday): 85 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bollack

14. MOTHER'S MAIDEN NAME: Mary Slipper

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: –

17. INFORMANT: Miss Eva Wright ADDRESS: 938 S. East Ave.

MEDICAL CERTIFICATION

18. 410.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE MYOCARDIAL INFARCTION — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9-20-70

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) ARTERIOSCLEROTIC C.V. DISEASE — ?

DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): PARKINSON'S DISEASE — 1967

19A. DATE OF OPERATION: None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: None

20A. AUTOPSY? (Yes or No): None

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? None

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): None

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): None

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR? None

22. I certify that (I) (this hospital) attended the deceased from 11-15-54 19 to 9-20-70 19, that (I) (~~we~~) last saw the deceased alive on 9-20-70 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: E. G. Schimunek M.D. DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-21-70

23C. PHYSICIAN'S NAME (Type): EMMANUEL A SCHIMUNEK MD DEGREE

23D. ADDRESS: 842 S. Eastern Ave 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-23-70

24C. NAME of CEMETERY or CREMATORY: Oak Lawn

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 22 1970

25B. NAME OF REGISTRAR: Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR: Milton A. Hoffman ADDRESS: 3218 Hudson

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

N-253 70 9366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9366

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EDNA NUGENT

2. DATE AND HOUR OF DEATH: 9-22-70 at 1.05 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Baltimore 27-78

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 1008 Reveedy Rd.

5. SEX: F 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7/4/16 9. AGE (In years last birthday): 54 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAY COUNTRY?

13. FATHER'S NAME: Perry White 14. MOTHER'S MAIDEN NAME: Anna Parkinson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: John R. Nugent Sr. ADDRESS: Above Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Terminal Cancer of Cervix

DUE TO, OR AS A CONSEQUENCE OF: Urinary Tract obst/n and Gangrene of

(B) DUE TO, OR AS A CONSEQUENCE OF: left leg.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9.16.70 19 to 9.22. 19 70 that (I) (we) last saw the deceased alive on 9-22.. 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Laura Rao DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9-22.70

23C. PHYSICIAN'S NAME (Type): LAURA S RAO M.B., B.S DEGREE

23D. ADDRESS: MERCY HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/25/70 24C. NAME of CEMETERY or CREMATORY: New Cathedral 24D. LOCATION (City, town, or county) (State): Baltimore - Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: McCarthy 130 E. Fort Ave. ADDRESS:

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

J-240 70 9367

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9367

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ROSE R. JAGIELLO

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 21 Year 1970 Hour 10:55 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 35 Church Home & Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1-05
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: female
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: July 15, 1891
10. AGE (In years last birthday): 79 78
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 228 S. Madeira St.

11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 218-05-9014
18. INFORMANT: Mr. Milton J. Zielinski, ADDRESS: Abingdon, Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 412.4

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Isidore Mihalakis M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9-21-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/25/70.
24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. ADDRESS: Balto. Md. 21214

VS 151-REV. 3/1/68

0 3 5 2

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-200 70 9368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9368

BIRTH NO.

1. NAME OF DECEASED (Type or Print): WILLIAM J. KEOGH

2. DATE AND HOUR OF DEATH: Sept. 21, 1970, 2:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME & HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: U.S.A. 53-00
C. CITY OR TOWN: BALTIMORE (4)
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: CARDIFF HALL APTS. A-2 (04)

35

5. SEX: M
6. RACE: W
7. MARRIED [✓] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6/12/96
9. AGE (In years last birthday): 74
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman (?)
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Keogh
14. MOTHER'S MAIDEN NAME: Eileen (?)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): unk (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 212-34-7777
17. INFORMANT: Catherine Keogh (wife) ADDRESS: Cardiff Hall apt A-2 (04)

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 250.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Severe Diabetic Ketoacidosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few hrs.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Uncontrolled Diabetes Mellitus — several yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Generalized arteriosclerosis, Infarcts.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 19 19 70 to Sept 21 19 70 that (I) (we) last saw the deceased alive on Sept 21 19 70 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolando Mendoza, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]
23B. DATE SIGNED: 9/21/70
23C. PHYSICIAN'S NAME (Type): ROLANDO MENDOZA, M.D. DEGREE
23D. ADDRESS: 100 N. Broadway Balto. Md. 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/24/70
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Pk
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Buck Inc. Balto. Md. ADDRESS:

VS 150-REV. 1/1/68

1

A-536 70 9369

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9369

1. NAME OF DECEASED (Type or Print): M. NORMAN ANDERSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 21 Year 1970 Hour 12:45 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 26-43
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 3548 Elmora Ave.

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. DATE OF BIRTH: 10-23-17
10. AGE (In years last birthday): 52 ~~X~~ If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Balto., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Anderson

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Alice Maher

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWII
17. SOCIAL SECURITY NO.: 212-05-7649
18. INFORMANT: Mrs. Rose Hofmeister, ADDRESS: 6604 Elsrode Ave.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E968X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Subarachnoid hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) blunt trauma to head
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): inn
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Cedonia Inn - 5900 Moravia Rd. 26-52

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-20-70 11:27 p.m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Struck on head with cue stick.

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

ACTUAL SIGNATURE EXAMINER'S NAME (Type): Isidore Mihalakis, M.D. M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9-21-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/24/70
24C. NAME of CEMETERY or CREMATORY: Gardens of Faith
24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Jabez E. Jaber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc., ADDRESS: 5305 Harford Rd.

VS 151-REV. 1/1/68

N 852

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. P-600 70 9370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9370

1. NAME OF DECEASED (Type or Print): Bauer, Joseph F.

2. DATE AND HOUR OF DEATH: 9/21/70 | 2:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS, OR LOCATION): University Hospital 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 26-42
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4426 Nannsota Ave

5. SEX: Male
6. RACE: Canc
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11/5/09
9. AGE (In years last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED Accountant
10B. KIND OF BUSINESS OR INDUSTRY: J.H. Filbert Inc
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry J. Bauer
14. MOTHER'S MAIDEN NAME: Mary E. Nuth

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): W W II
16. SOCIAL SECURITY NO.: 214-03-2934
17. INFORMANT: Miss MARY E. BAUER
ADDRESS: (SAME)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastatic CA Pancreas — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: ? 1 year
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): A&CVD — Years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/19 19 70 to 9/21 19 70 that (I) (we) last saw the deceased alive on 9/21 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lawrence Gill MD — DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ Intern
23B. DATE SIGNED: 9/21/70
23C. PHYSICIAN'S NAME (Type) — DEGREE
23D. ADDRESS: University Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/24/70.
24C. NAME of CEMETERY or CREMATORY: Holy REDEEMER CEM.
24D. LOCATION (City, town, or county) (State): BALTO. MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Jabs, M.D.
25C. FUNERAL DIRECTOR: LEONARD J. RUCK INC.
ADDRESS: BALTO. MD.

VS 150-REV. 1/1/68

C-140 70 9371

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9371

1. NAME OF DECEASED (Type or Print): JAMES ALLISON COFIELL

2. DATE OF DEATH — Known ☐ Estimated ☒ — Month: September; Day: 19; Year: 1970; Hour: M.

3. DATE PRONOUNCED DEAD — Month: September; Day: 19; Year: 1970; Hour: 11:45 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION — (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1200 Frank Childs Rd. off Frankfurst Ave.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 53-00
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 38 Colony Hill Court

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 7-9-14
10. AGE (In years last birthday): 56
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Ernest Cofiell
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Machine Operator
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Grace Phillips
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.:
18. INFORMANT: Mrs. Vannie Cofiell, Dayton, Ohio — ADDRESS:

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Drowning
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): water
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): ? (Found Frank Childs Rd. & Frankfurst Ave.) 53-00
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-18-70 ? m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Apparently jumped into water

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.
EXAMINER'S NAME (Type): Charles S. Springate, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: September 20, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/24/70.
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970 Robert E. Jaber, M.D.
25B. NAME OF REGISTRAR:
25C. FUNERAL DIRECTOR: Leonard J. Ruck, Inc. Balto. Md. — ADDRESS:

VS 151-REV. 7/1/68

THE BODY OF DORA APSON HAS BEEN RELEASED AS NON MED BY DR KORNBLUM OF THE MEDICAL EXAMINERS OFFICE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased priar to death); and (6) No physician was in regular attendance on the deceased priar to death. Such written approval must be obtained before the remains are embalmed or final dispositian is made.

A-125 70 9372

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9372

1. NAME OF DECEASED (Type or Print): APSON, DORA

2. DATE AND HOUR OF DEATH: 9/22/70 5:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 1-03
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 611 S. BRADFORD STREET

5. SEX: FEMALE
6. RACE: WHITE
7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 10-15-96
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Packing House
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Michael Kolodziejewski (Kolodziejski)
14. MOTHER'S MAIDEN NAME: MARY Tanski
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-09-1853
17. INFORMANT: Frank Apson — ADDRESS: 2226 Essex St. #21231

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. 4/0.9 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Infarction of small & large Bowel ~~cardiac arrest~~
DUE TO, OR AS A CONSEQUENCE OF:
(B) Mesenteric Thrombosis ~~possible myocardial infarction~~
DUE TO, OR AS A CONSEQUENCE OF:
(C) ~~diffuse arteriosclerosis~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
ASCVD ~~pneumococcal pneumonia~~ — 3 day

CERTIFICATION APPROVED BY CHIEF MEDICAL EXAMINER

19A. DATE OF OPERATION: 9/22/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: mesenteric thrombosis
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/13 1970 to 9/22 1970 that (I) (we) last saw the deceased alive on 9/22 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Stephen P. Raskin MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/22/70
23C. PHYSICIAN'S NAME (Type): STEVEN RASKIN MD DEGREE
23D. ADDRESS: JOHNS HOPKINS HOSP.

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/25/70
24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore County, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: George A. Weber — ADDRESS: 705 S. Ann St. #21231

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-534 70 9373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9373

1. NAME OF DECEASED (Type or Print): ELSIE ANDOLEO

2. DATE AND HOUR OF DEATH: SEPTEMBER 17 1970 6:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 00

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 913 N. PAYSON ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD

B. COUNTY: 16-04

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 913 N PAYSON ST

5. SEX: FE

6. RACE: COLORED

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: APRIL 20-07

9. AGE (In years last birthday): 63

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): EAST NEW MARKET MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM THOMPSON

14. MOTHER'S MAIDEN NAME: ANNIE MAE FLAENT

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-16-6764

17. INFORMANT: COLUMBUS ANDOLEO

ADDRESS: 913 N PAYSON ST

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — 1B. 412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ARTERIOSCLEROTIC

DUE TO, OR AS A CONSEQUENCE OF:

CARDIOVASCULAR DISEASE

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: CEREBRAL HEMORRHAGE

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/29 1969 to 9/17 1970 that (I) (we) last saw the deceased alive on 9/17 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gilbert L. Banfield DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/21/70

23C. PHYSICIAN'S NAME (Type): G.L. BANFIELD, M.D. DEGREE

722 N. FULTON AVE.
BALTIMORE, MD 21217

23D. ADDRESS: 722 N. Fulton Ave

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-21-70

24C. NAME of CEMETERY or CREMATORY: MT AUBURN

24D. LOCATION (City, town, or county) (State): BALTO MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970

25B. NAME OF REGISTRAR: Robert E. Weber, M.D.

25C. FUNERAL DIRECTOR: Raymond A Hayes

ADDRESS: 638 N Gilmor St

VS 150-REV. 1/1/68

M-260 1

70 9374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70 9374

REG. NO.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mc Roy Charles

2. DATE AND HOUR OF DEATH: 9/18/70 | 11.15 p. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hospital of Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 15-48
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES [✓] NO [ ]
E. STREET AND NUMBER: 3509 Windsor Mill Road 21216

5. SEX: M
6. RACE: N
7. MARRIED [ ] NEVER MARRIED [✓] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-16-92
9. AGE (In years last birthday): 77 yrs.
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired -
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Milton, N J
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles McRoy
14. MOTHER'S MAIDEN NAME: -

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): -
(If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.: 212-12-2705
17. INFORMANT: Chart
ADDRESS:

E788X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gas gangrene
DUE TO, OR AS A CONSEQUENCE OF: Burns 2nd degree both lower limbs.
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CHIEF OR ASST. MEDICAL EXAMINER: APPROVED BY

19A. DATE OF OPERATION: -
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: -
20A. AUTOPSY? (Yes or No): -
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Notify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 3509, Windsor Mill Road
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): 9/13/70 Time Not Known
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [✓]
21F. HOW DID INJURY OCCUR? Not known

22. I certify that (I) (this hospital) attended the deceased from 9/13 1970 to 9/18 1970 that (I) (we) last saw the deceased alive on 9/18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: S Basu DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/18/1970
23C. PHYSICIAN'S NAME (Type): S. BASU DEGREE
23D. ADDRESS: Lutheran Hospital of Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/22/70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cemetry
24D. LOCATION (City, town, or county) (State): Baltimore M

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Adolphus Halstead
ADDRESS: 1206 W North Ave

6559

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-425 70 9375 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9375

1. NAME OF DECEASED (Type or Print): NELSON T. WILSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month 9 Day 20 Year 1970 Hour 9:03 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sinai Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 17-03
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 613 W. Lafayette Ave.

6. SEX: male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 1/16/23
10. AGE (in years last birthday): 47 If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Walter Wilson
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Mildred Braxton
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —
17. SOCIAL SECURITY NO.: 214-68-842
18. INFORMANT: Ellis Jones ADDRESS: Durham, N.C.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

450X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive bilateral pulmonary embolism
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Isidore Mihalakis, M.D. M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9-21-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/24/70
24C. NAME of CEMETERY or CREMATORY: GLENVIEW MEM. PK.
24D. LOCATION (City, town, or county) (State): Durham, N.C.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Barber, M.D.
25C. FUNERAL DIRECTOR: GEO. L. SCHWAB INC. ADDRESS:

VS 151-REV. 7/1/68

57-62-63 dis

G-600 70 9376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9376

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ~~Erma B. Gray~~ -- Irma Bernice Gray

2. DATE AND HOUR OF DEATH: September 18, 1970 7:50 A. M.

CERTIFICATE AMENDED 4-14-71

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
Baltimore City Hospitals
4940 Eastern Avenue
Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 9-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 714 Cator Avenue 21218

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-28-51
9. AGE (In years last birthday): 19
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Gray
14. MOTHER'S MAIDEN NAME: Helen Scott

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: BCH: Records
ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. 6 3 7 1 1

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Shock
DUE TO, OR AS A CONSEQUENCE OF:
(B) Eclampsia
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 60 hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/15 19 70 to 9/18 19 70 that (I) (we) last saw the deceased alive on 9/18 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Taomei Chen MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: September 18, 1970
23C. PHYSICIAN'S NAME (Type): TAO-MEI CHEN DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-22-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Isabel E. Seibert, M.D.
25C. FUNERAL DIRECTOR: W. S. March
ADDRESS: 928 E. North Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Corrected by
Birth Certificate
51-1885-D - 4-14-71
M.H.

7/28/70 - Eclampsia of Pregnancy
Inf. received from Dr. Geo. H. Dann
via phone
Maternity Hygiene
JT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9377

BIRTH NO. N-620 70-14660

1. NAME OF DECEASED (Type or Print): Baby Boy Norris

2. DATE AND HOUR OF DEATH: Aug. 5, 1970 11:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hosp. of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: A.A.C. 52-00
C. CITY OR TOWN: 21225
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 935 1st STREET

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug 5, 1970
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 1 Min.: 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harry Norris
14. MOTHER'S MAIDEN NAME: Elsie Norris
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Medical Records at Lutheran Hosp. ADDRESS:

MEDICAL CERTIFICATION

18. 7694 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Prematurity
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug 5 19 70 to Aug 5 19 70, that (I) (we) last saw the deceased alive on Aug 5 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Josephine G. Bruni dos, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Aug. 5, 1970
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: Lutheran Hosp. of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 9-17-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Bert E. Harbury, M.D.
25C. FUNERAL DIRECTOR
ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

N-620 70 9378

BIRTH NO. 70-14659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9378

1. NAME OF DECEASED (Type or Print): Baby Girl Norris

2. DATE AND HOUR OF DEATH: Aug. 5, 1970 - 9:30 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lutheran Hosp. of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD B. COUNTY: A.A. Co

C. CITY OR TOWN: 21222 D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 735 1st STREET

5. SEX: F 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Aug. 5, 1970 9. AGE (In years last birthday) If Under 1 Yr. Months Days If Under 24 Hrs. Hours 1 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 10B. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Norris 14. MOTHER'S MAIDEN NAME: Elsie Norris

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT: Medical records at Lutheran Hosp. ADDRESS

MEDICAL CERTIFICATION

18. 769.4 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Prematurity

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): 0 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Aug. 5 19 70 to Aug 5 19 70 that (I) (we) last saw the deceased alive on Aug 5 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Josephine G. Brunder, M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: Aug 5, 1970

23C. PHYSICIAN'S NAME (Type) DEGREE 23D. ADDRESS: Lutheran Hosp. of Baltimore

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE: 9-17-70 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Town, County) (State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970 25B. NAME OF REGISTRAR: Robert E. Farley, M.D. 25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-462 70 9379

BIRTH NO. 70-14519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9379

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): B.O. ~~Vernell~~ Clark, BABY GIRL

2. DATE AND HOUR OF DEATH: 8-21-70 7:20 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Divison Street, Baltimore, Maryland 21217

39

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 16-04
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1949 W. Lafayette Ave.

5. SEX: Female
6. RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-21-70
9. AGE (In years last birthday): If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 1 Min.: 20
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Unknow
14. MOTHER'S MAIDEN NAME: Vernell Clark
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Vernell Clark-Mother
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PRIMARY APNEA
DUE TO, OR AS A CONSEQUENCE OF:
(B) PREMATURITY
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-21-70 19 to 8-21-70 19 that (I) (we) last saw the deceased alive on 8-21-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Felix L Kaufman MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Aug. 25, 1970
23C. PHYSICIAN'S NAME (Type): FELIX L. KAUFMAN MD. DEGREE
23D. ADDRESS: 1514 Divison St. Apt. Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify):
24B. DATE: 8-21-70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town or county) (State):

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS:

VS 150-REV. 1/1/68

N-550

BIRTH NO. 70 9380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9380

1. NAME OF DECEASED (Type or Print): NEUMANN, Gustave

2. DATE AND HOUR OF DEATH: 9/15/70 10:35 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

33

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Calvert Co 54-00

C. CITY OR TOWN: St. Leonard D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: Long Beach, St. Leonard, Md.

5. SEX: Male

6. RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2/18/00

9. AGE (In years last birthday): 70

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gustave R. Neumann

14. MOTHER'S MAIDEN NAME: Mary Leota Eyrse

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MEDICAL CERTIFICATION

18. 162.1

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: RESPIRATORY ARREST — 0

DUE TO, OR AS A CONSEQUENCE OF:

BRONCHOGENIC CARCINOMA — 17 MONTHS

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

FRONTAL LOBOTOMY (L) — 4 DAYS

19A. DATE OF OPERATION: 9-11-70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: PAIN, INTRACTABLE

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): NO

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-7 19 70 to 9-15 19 70, that (I) (we) last saw the deceased alive on 9-15 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Karl Stecher, Jr., M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 15 Sept. 1970

23C. PHYSICIAN'S NAME (Type): KARL STECHER, JR., M.D. DEGREE

23D. ADDRESS: The Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 9-21-70

24C. NAME of CEMETERY or CREMATORY

ANATOMY BOARD OF MARYLAND

UNIVERSITY MEDICAL SCHOOL

MORTUARY SERVICE - BCHD

(State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970

25B. NAME OF REGISTRAR: Robert E. Tarby, M.D.

23C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-512 70 9381

REG. NO. 70 9381

1. NAME OF DECEASED (Type or Print): THOMPSON, ALMA

2. DATE AND HOUR OF DEATH: 09-13-70 6:15 PM.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 6-04

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1803 E. MONUMENT ST.

5. SEX: FEMALE 6. RACE: NEGRO 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 7-3-16 9. AGE (In years last birthday): 54 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM E. MC LEAN

14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1B. I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: PNEUMONIA — 1 wk

DUE TO, OR AS A CONSEQUENCE OF:

(B) Aspiration pneumonitis — 1 months

DUE TO, OR AS A CONSEQUENCE OF:

(C) CARCINOMA OF ESOPHAGUS — 6 mo

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 7/18/70 8/5/70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: CA OF ESOPHAGUS

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 13 JUNE 1970 to 13 SEPT 1970, that (I) (~~we~~) last saw the deceased alive on 13 SEPT 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~we~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: W. B. Iams MD DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 13 Sept 70

23C. PHYSICIAN'S NAME (Type): W. B. IAMS DEGREE

23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE: 9-21-70

24C. NAME of CEMETERY or CREMATORY

24D. LOCATION (City, town, or county) (State)

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCED

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970

25B. NAME OF REGISTRAR: Robert E. Farley, Jr.

25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital or the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

33 06 46

1

70 9382

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. H-620

REG. NO. 70 9382

1. NAME OF DECEASED (Type or Print): MERIDITH HARRIS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year June 15, 1970 Hour 4:55 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 517 W. Lexington Street

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: H-02

6. SEX: Female
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH
10. AGE (in years last birthday): 42
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
E. STREET AND NUMBER: 517 W. Lexington Street

11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute gastrointestinal hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:
(B) Multiple lacerations of esophago-gastric junction (Mallory-Weiss Syndrome)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Fatty metamorphosis of liver

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
DATE SIGNED: 6/17/70

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 9-21-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Fagan, M.D.
25C. FUNERAL DIRECTOR: MORTUARY SERVICE - BCHD
ADDRESS

VS 151-REV. 7/1/68

THE BODY OF ELMER REICHHOLD HAS BEEN RELEASED ON APPROVAL BY DR MIHALAKIS

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-243 70 9383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9383

1. NAME OF DECEASED (Type or Print): Elmer L. Reichhold

2. DATE AND HOUR OF DEATH: Aug. 14, 1970 @ 7:00 A.M. P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: V-07
C. CITY OR TOWN: Balt
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 200 Freilman Street

5. SEX: Male
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-22-98
9. AGE (In years last birthday): 72
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

4319

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CEREBRAL ANOXIA
DUE TO, OR AS A CONSEQUENCE OF:
(B) SUBACUTE SUBDURAL HEMATOMA
DUE TO, OR AS A CONSEQUENCE OF:
(C) CEREBRAL ARTERIOSCLEROSIS + ATROPHY

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): CHRONIC RENAL FAILURE

19A. DATE OF OPERATION: 5 Aug 70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: SUBACUTE SUBDURAL HEMATOMA
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No
21C. WHERE DID INJURY OCCUR? No (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): NONE
21E. INJURY OCCURRED No — While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? NO

22. I certify that (I) (this hospital) attended the deceased from 5 August 1970 to 14 August 1970 that (I) (we) last saw the deceased alive on 14 August 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Karl Stecher, Jr., M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 14 August
23C. PHYSICIAN'S NAME (Type): Karl Stecher, Jr., M.D. DEGREE
23D. ADDRESS: THE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify)
24B. DATE: 9-21-70
24C. NAME of CEMETERY or CREMATORY
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR
ADDRESS

ANATOMY BOARD OF MARYLAND
UNIVERSITY MEDICAL SCHOOL
MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/68

4E Rehoboth Beach, Delaware

R-543 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. 70 9384 REG. NO. 70 9384

1. NAME OF DECEASED (Type or Print): REYNOLDS, Charles

2. DATE AND HOUR OF DEATH: September 18, 1970 3:15 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Blvd., Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 12-03

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2840 Guilford Ave

5. SEX: Male

6. RACE: Nggroid

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 10-8-98

9. AGE (In years last birthday): 71 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Reynolds

14. MOTHER'S MAIDEN NAME: Sarah

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 8-15-17 to 3-19-19

16. SOCIAL SECURITY NO.: 218-05-5128A

17. INFORMANT: Records ADDRESS: VAH, 3900 Loch Raven Blvd., Balto., Md. 21218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Chronic Myelogenous Leukemia

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Bronchopneumonia, Acute

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

205.1

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 15 1970 to September 18 1970 that (I) (we) last saw the deceased alive on September 18 1970 and that in (my) (our) opinion death occurred at the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary Plotnick M.D. DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9-19-70

23C. PHYSICIAN'S NAME (Type): Gary Plotnick M.D. DEGREE

23D. ADDRESS: 3900 Loch Raven Blvd., Balto., Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-22-70

24C. NAME of CEMETERY or CREMATORY: Baltimore National

24D. LOCATION (City, town, or county) (State): Em Balto MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970

25B. NAME OF REGISTRAR: Robert E. [illegible]

25C. FUNERAL DIRECTOR: Roemer Sandeman ADDRESS: 217 E. Preston St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

C-514

70 9385 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9385

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MILTON CAMPBELL

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 19 Year 1970 Hour 10:07p M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 10-01

6. SEX: Male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: 6-4-12
10. AGE (In years last birthday): 57
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

E. STREET AND NUMBER: 912 E. Biddle St.

11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert Campbell

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Construction
15. MOTHER'S MAIDEN NAME: Martha Todd

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Myrtle Bullard ADDRESS: 912 E. Biddle St

MEDICAL CERTIFICATION

19. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: 3° burns, 40% of body, face & surface

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 912 E. Biddle St. 10-01

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-9-70 ? m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Subj. smoking in bed and house caught on fire.

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE: [signature] M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
DATE SIGNED: 9-21-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/24/70
24C. NAME of CEMETERY or CREMATORY: Mt. Auburn
24D. LOCATION (City, town, or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
26C. FUNERAL DIRECTOR: Joseph L. Rocks
ADDRESS: 1304 N. Gaither

VS 151-REV. 7/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. L-252 70 9386

REG. NO. 70 9386

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Laszczynski, Theresa

2. DATE AND HOUR OF DEATH: 9/21/70 12 22 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1876 Eastern Ave

5. SEX: Female
6. RACE: Cauc
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 12/18/94
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Michael Bucyznski
14. MOTHER'S MAIDEN NAME: Dale Julia Skoczylas
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-50-5144
17. INFORMANT: J. Kreider, ADDRESS: 4731 Elsin Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Hodgkins Disease Stage IV B
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): CHF, Supraventricular Tachycardia

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/31 19 70 to 9/21 19 70 that (I) (we) last saw the deceased alive on 9/21/70 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Laurence Gill, MD. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ Intern
23B. DATE SIGNED: 9/21/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: University Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/24/70
24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cem.
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Fabian, M.D.
25C. FUNERAL DIRECTOR: W. Fiszkowski
ADDRESS: 2007 Eastern

VS 150-REV. 1/1/68

B-432 70 9387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9387

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GEORGE ALTON GOLDSMITH, JR.

2. DATE AND HOUR OF DEATH: Sept. 19, 1970, 5:05 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland Hospital 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Worcester Co. 23-00

C. CITY OR TOWN: Ocean City D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 409 Baltimore Ave.

5. SEX: Male 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5/2/28 9. AGE (In years last birthday): 42 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Splicer

10B. KIND OF BUSINESS OR INDUSTRY: C+P Telephone Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George A. Goldsmith

14. MOTHER'S MAIDEN NAME: Arlene Greenfield

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): unknown (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Mrs. George A. Goldsmith Jr. ADDRESS: Ocean City, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	? Acute Hemolytic Anemia	1 day
(B) DUE TO, OR AS A CONSEQUENCE OF:	Aphasia + (R)-sided weakness	8 days
(C) DUE TO, OR AS A CONSEQUENCE OF:	Hodgkin's DX. ? stage III	3 years
(D)	? Lt Pneumonia, organism?	(?) 2 days

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 9/4/70 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Hodgkin's DX

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/27/70, 19__ to 9/19/70, 19__ that (I) (we) last saw the deceased alive on 9/19/70, 19__ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: C. L. Cromwell, MD. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/19/70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/22/70 24C. NAME of CEMETERY or CREMATORY: Evergreen 24D. LOCATION (City, town, or county) (State): Berlin Wor. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970 25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D. 25C. FUNERAL DIRECTOR: Irvin A. Burbage ADDRESS: Berlin Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-616 70 9388

REG. NO. 70 9388

1. NAME OF DECEASED (Type or Print): FREBURGER WILLIAM C.

2. DATE AND HOUR OF DEATH: 9/21/70 8 10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD

B. COUNTY: 24-02

C. CITY OR TOWN: Balto

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 639, Harvey St.

5. SEX: M

6. RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 10/26/1892

9. AGE (In years last birthday): 77

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Capt

10B. KIND OF BUSINESS OR INDUSTRY: Tug boat.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Robert E.

14. MOTHER'S MAIDEN NAME: Anna E. McNamee

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-05-6161

17. INFORMANT: Family - Same

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Rt. C.V.A. c̄ Lt. hemiparesis. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

DUE TO, OR AS A CONSEQUENCE OF:

(B) A.S.C.V.D.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?:

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?:

22. I certify that (I) (this hospital) attended the deceased from Sept 13 1970 to Sept 21 1970 that (I) (we) last saw the deceased alive on Sept. 21 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/21/70.

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL, CREMATION, REMOVAL (Specify): B

24B. DATE: 9-25-70

24C. NAME OF CEMETERY OR CREMATORY: Cathedral

24D. LOCATION (City, town, or county) (State): Baltimore

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: [signature]

ADDRESS: 1306 Fort Ave

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

B-200 70 9389 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9389

BIRTH NO.

1. NAME OF DECEASED (Type or Print): GRANT BUSH

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 21 Year 1970 Hour 10 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 208 Eutaw St. (South)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY 21-01
C. CITY OR TOWN Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: 4-1-1921
10. AGE (In years last birthday): 49
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 208 Eutaw St. (South)

11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles H. Bush

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tile Setter
14B. KIND OF BUSINESS OR INDUSTRY: Construction Co.
15. MOTHER'S MAIDEN NAME: Mattie Jane Ridgeway

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): -
17. SOCIAL SECURITY NO. 227-16-0746
18. INFORMANT: Leonard Bowman ADDRESS: 401 W. Pratt St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 430.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Subarachnoid hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ruptured berry aneurysm
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE Mihalakis M.D.
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.
DATE SIGNED 9-21-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/25/70
24C. NAME of CEMETERY or CREMATORY: Old Rosehill Cem.
24D. LOCATION (City, town, or county) (State): Martinsville, Va.

25A. DATE REC'D BY HEALTH DEPT. SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Fahey, M.D.
25C. FUNERAL DIRECTOR: John J. Cowan & Son, Inc.
ADDRESS: 901 Hollins St. Balto. Md.

VS 151-REV. 3/1/68

C-522 70 9390

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9390

1. NAME OF DECEASED (Type or Print): CINQUEGRANI Peter J.

2. DATE AND HOUR OF DEATH: September 21, 1970 | 8:30 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Blvd, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore Co 53-00
C. CITY OR TOWN: Cockysville,
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 310 Lord Byron Lane

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5-6-18
9. AGE (In years last birthday): 52 52
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vincent Cinquegrani
14. MOTHER'S MAIDEN NAME: Audrey Parks

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): 5-16-44 to 11-16-45
16. SOCIAL SECURITY NO.: 212-01-10-83
17. INFORMANT: Records
ADDRESS: VAH 3900 Loch Raven Blvd. Balto., Md. 21218

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 153.8

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Respiratory Arrest	5 min
DUE TO, OR AS A CONSEQUENCE OF:	
(B) Metastatic Cancer	4 months
DUE TO, OR AS A CONSEQUENCE OF:	
(C) Primary Cancer of the Colon	6 mo → 1 yr

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 4, 1970 to September 21, 1970 that (I) (we) last saw the deceased alive on September 21, 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Carleton B Tower MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/21/70
23C. PHYSICIAN'S NAME (Type) DEGREE
23D. ADDRESS: 3900 Loch Raven Blvd Balto., Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/25/70
24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Mem.
24D. LOCATION (City, town, or county) (State): Cockeysville Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: McCally
ADDRESS: 130 E. Fort Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. S-530 70 9391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9391

1. NAME OF DECEASED (Type or Print): EDWIN LEROY SMITH

2. DATE AND HOUR OF DEATH: 9/22/70 952 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTIMORE GEN HOSP 43 3001 S. HANOVER ST. BALTIMORE, MD 21230

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: US 24-23
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 132 E. OSTEND ST.

5. SEX: M 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH: 10/11/01 9. AGE (In years last birthday): 68. If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM SMITH
14. MOTHER'S MAIDEN NAME: AGNES HUBBARD

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213 03 8469
17. INFORMANT: HOSPITAL RECORDS ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

571.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PNEUMONIA, BILAT, BASILAR
DUE TO, OR AS A CONSEQUENCE OF:
(B) CIRRHOSIS, LAENNEC'S
DUE TO, OR AS A CONSEQUENCE OF:
(C) ALCOHOLISM, CHRONIC

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/12 19 70 to 9/22 19 70 that (I) (we) last saw the deceased alive on 9/22 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Martin J Shuman MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/22/70.
23C. PHYSICIAN'S NAME (Type): MARTIN J. SHUMAN MD DEGREE
23D. ADDRESS: 3001 S. HANOVER ST. BALTO MD 21230

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/26/70
24C. NAME of CEMETERY or CREMATORY: CEDAR HILL CEMETERY
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Farber M.D.
25C. FUNERAL DIRECTOR: Blakeley 630 E. Fort Ave.
ADDRESS:

VS 150-REV. 1/1/68

BIRTH NO. K-500 70 9392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9392

1. NAME OF DECEASED (Type or Print): Elizabeth L. Kuhn

2. DATE AND HOUR OF DEATH: 9/19/70 10:35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hospital 44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Baltimore 26-42

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4306 Sheldon Avenue

5. SEX: F 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 10-12-84 9. AGE (In years last birthday): 85 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Joe ~~[illegible]~~ Lang 14. MOTHER'S MAIDEN NAME: Maryl Bower

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): ND (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-01-6080

17. INFORMANT: Mrs. Dolores M. Jackson, dght, above ADDRESS:

CAUSE OF DEATH

18. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart Failure - 2 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosclerotic Cardiovascular Disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: None 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/10 1970 to 9/19 1970 that (I) (we) last saw the deceased alive on 9/19 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. Eugene Page Jr. MD DEGREE Attending Phys. [ ] Med. Director [ ] Staff Phys. [X] 23B. DATE SIGNED: 9/19/70

23C. PHYSICIAN'S NAME (Type): E. Eugene Page Sr. M.D. DEGREE 23D. ADDRESS: 173 Stanmore Rd, Baltimore Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/23/70 24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970 25B. NAME OF REGISTRAR: Robert E. Farber, M.D. 25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-651 70 9393

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9393

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Mary Christine Cramblitt

2. DATE AND HOUR OF DEATH: 9/19/70 4:00 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 26-43
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 3534 Elmley Ave.

5. SEX: F
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/3/90
9. AGE (In years last birthday): 80
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Gottlieb Buettner
14. MOTHER'S MAIDEN NAME: Helen Mary Hart
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-12-9061
17. INFORMANT: Relatives present at time of death — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

205.0 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Myelomonocytic leukaemia

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/19/ 1970 to 9/19/ 1970 that (I) (we) last saw the deceased alive on 9/19/ 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: KLwin DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): KYI K LWIN DEGREE
23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/22/70
24C. NAME of CEMETERY or CREMATORY: Moreland Mem. Park
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Schimunek & H. 3531 Brehms Lane — ADDRESS:

VS 150-REV. 1/1/68

L-124 70 9394

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9394

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): CARMELA LA PAGLIA

2. DATE AND HOUR OF DEATH: 9-19-70 | 12:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. 21213 B. COUNTY: 8-31

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 2756 Pelham Avenue

5. SEX: female 6. RACE: white 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 12/11/85 9. AGE (In years last birthday): 84 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? Housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Bongiviovann

14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Peter LaPaglia, dght-in-law ADDRESS: 8220 Pleasant Plain Rd. 21204

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: myocardial infarction — days

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD — years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Fx pelvis — 2 days

410.9 I 5887

CERTIFICATION APPROVED BY CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [X] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2756 PELHAM AVE.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.): 9-17-70 1:30 AM

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [X]

21F. HOW DID INJURY OCCUR? FELL IN BEDROOM

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Singer DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [✓]

23B. DATE SIGNED: 9/19/70

23C. PHYSICIAN'S NAME (Type): J. SINGER DEGREE

23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/22/70

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970

25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.

25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. ADDRESS: 3331 Prehms Lane

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-456 70 9395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9395

1. NAME OF DECEASED (Type or Print): Klenner, Robert O.

2. DATE AND HOUR OF DEATH: September 21, 1970 | 10:20 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: Keswick - Home for Incurables

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

91

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 27-40
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3405 Devonshire Drive 21215

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 18, 1903
9. AGE (In years last birthday): 67
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PBX Installer
10B. KIND OF BUSINESS OR INDUSTRY: C&P Telephone CO.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Otto Klenner
14. MOTHER'S MAIDEN NAME: Helene Leppla
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-03-6797
17. INFORMANT: Julia H. Klenner - Same ADDRESS: Keswick Files

MEDICAL CERTIFICATION

CAUSE OF DEATH

I

1B. 412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic CVD — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: last episode 2 days

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).: Residual cerebral hemorrhage — 14y

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Sept. 15, 1970 19 to Sept. 21, 19 70, that (I) (we) last saw the deceased alive on Sept. 21, 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Harold P. Biehl MD DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 21 Sept 70
23C. PHYSICIAN'S NAME (Type): Harold P. Biehl M.D. DEGREE
23D. ADDRESS: 1202 St Paul ST Balti 2 Md

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-25-70.
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Arnacost Funeral Chapel - 4600 Liberty Hts ADDRESS

VS 150-REV. 1/1/68

K-415 70 9396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9396

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ESTHER KLAVENS

2. DATE AND HOUR OF DEATH 9-20-70 9:55 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Sinai Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Balto Co 53-00

C. CITY OR TOWN Randallstown D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER 9013 Hamor Ave

5. SEX F 6. RACE W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH March 19 1895 9. AGE (In years last birthday) 75 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia 12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME Samuel SITVER 14. MOTHER'S MAIDEN NAME Rose

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT Leo Klavens ADDRESS Silver Spring Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

230.3 I

(A) IMMEDIATE CAUSE Pneumonia

DUE TO, OR AS A CONSEQUENCE OF: Small Bowel obstruction 2° to Neoplasm (?)

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C) Degenerative Arteriosclerotic Heart Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-14 19 70 to 9-20-70 19 that (I) (we) last saw the deceased alive on 9-20 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Rodolfo S. Victoria MD DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED 9/20/70

23C. PHYSICIAN'S NAME (Type) RODOLFO S. VICTORIA MD DEGREE 23D. ADDRESS Sinai Hospital of Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 9/22/70 24C. NAME of CEMETERY or CREMATORY Chevra Ahavas Chesed 24D. LOCATION (City, town, or county) Randallstown (State) Md

25A. DATE REC'D BY HEALTH DEPT. SEP 23 1970 25B. NAME OF REGISTRAR Robert E. Farber M.D. 25C. FUNERAL DIRECTOR Gilbert Levin & Son ADDRESS 9610 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

S-630 70 9397

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X

REG. NO. 70 9397

1. NAME OF DECEASED (Type or Print): FAY SIRODY

2. DATE AND HOUR OF DEATH: 9-21-70 10⁰⁰ A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): NORTH CHARLES GEN. HOSPITAL 49

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: CITY Balto Co 53-00

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 7708 OAK HAVEN CIRCLE

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2-22-13 9. AGE (In years last birthday): 57 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESLADY

10B. KIND OF BUSINESS OR INDUSTRY: STORE

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH MAGARILL

14. MOTHER'S MAIDEN NAME: REBECCA FORMAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr. William L Sirody ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

153.8 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CARCINOMA of Colon c̄

DUE TO, OR AS A CONSEQUENCE OF:

(B) Generalized metastasis

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-2 1970 to 9-21 1970 that (I) (we) last saw the deceased alive on 9-21 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9-21-70

23C. PHYSICIAN'S NAME (Type): EMMANUEL M. MANIAGO M.D. DEGREE

23D. ADDRESS: North Charles Gen. Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/25/70

24C. NAME of CEMETERY or CREMATORY: Rock Roosevelt Memorial

24D. LOCATION (City, town, or county) (State): Phila Pa

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970

25B. NAME OF REGISTRAR: John E. Talley, M.D.

25C. FUNERAL DIRECTOR: Byron Louis Son ADDRESS: 9610 Reisterstown Rd

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

N-200

BIRTH NO. 70 9398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9398

1. NAME OF DECEASED (Type or Print): NACE, VIOLA M.

2. DATE AND HOUR OF DEATH: 9/18/70 | 2 30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 14 The Union Memorial Hospital Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ] 13-48
E. STREET AND NUMBER: 1221 Dellwood Ave. Baltimore, Md.

5. SEX: Female
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 5/15/92
9. AGE (In years last birthday): 78
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Worker
10B. KIND OF BUSINESS OR INDUSTRY: Cotton Mill
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Miller
14. MOTHER'S MAIDEN NAME: Susan Masenheimer

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213050482
17. INFORMANT: family
ADDRESS

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 436.9
DUE TO, OR AS A CONSEQUENCE OF:
(B) C VA
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8/26/70

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/26 19 70 to 9/18 19 70 that (I) (we) last saw the deceased alive on 9/18 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: E. D. Hark Jr. M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/18/70
23C. PHYSICIAN'S NAME (Type): E. D. Hark Jr. M.D. DEGREE
23D. ADDRESS: 1579 E. Monument St. Balt.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-21-70
24C. NAME of CEMETERY or CREMATORY: Druid Ridge Cem
24D. LOCATION (City, town, or county) (State): Pikesville Balto Co Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 23 1970
25B. NAME OF REGISTRAR: Fabian E. Fabian M.D.
25C. FUNERAL DIRECTOR: George Funeral Home
ADDRESS: Balto Md

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-456 70 9399

REG. NO. 70 9399

1. NAME OF DECEASED (Type or Print): Walter P Fillmore

2. DATE AND HOUR OF DEATH: Sept 19 1970 1 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3838 Roland Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md

B. COUNTY: 1307

C. CITY OR TOWN: Balto

D. INSIDE CITY LIMITS? YES [✓] NO [ ]

E. STREET AND NUMBER: 3838 Roland Ave

5. SEX: Male

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: April 14 1902

9. AGE (In years last birthday): 68

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffer

10B. KIND OF BUSINESS OR INDUSTRY: Hauling

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elijah Fillmore

14. MOTHER'S MAIDEN NAME: Wilhelmina Bradley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 215073223A

17. INFORMANT: Mrs John D Geidt

ADDRESS: Ascot Ct Baldwin 21013

MEDICAL CERTIFICATION

1B. 410.9

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 min

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: —

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): —

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): —

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 3-19 1960 to 9-19 1970, that (I) (~~we~~) last saw the deceased alive on 6-15 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (did not) view the body after death.

23A. SIGNATURE: Frank G Kuehn MD DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-22-70.

23C. PHYSICIAN'S NAME (Type): FRANK G. KUEHN M.D DEGREE

23D. ADDRESS: 721 Medical Arts Bldg. Balto 21201

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-23-70

24C. NAME of CEMETERY or CREMATORY: Woodlawn Cem

24D. LOCATION (City, town, or county) (State): Woodlawn Balto Co Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970

25B. NAME OF REGISTRAR: Robert E. Talley, M.D.

25C. FUNERAL DIRECTOR: Burgee Funeral Home

ADDRESS: Balto Md

By Nicholas Nburgee Jr

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. A-453 70 9400 REG. NO. 70 9400

1. NAME OF DECEASED (Type or Print): Allenton Edna A.

2. DATE AND HOUR OF DEATH: Sept. 21, 1970 11:32 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): George Washington Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 1901
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1509 W. Franklin Street.

5. SEX: Female 6. RACE: Black 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: March 6, 1887 9. AGE (In years last birthday): 83 yrs. If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Halifax. Va. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Moses Pinkney 14. MOTHER'S MAIDEN NAME: Sally Lipcomb

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 211-54-2474 17. INFORMANT: Chart ADDRESS: 607 Penna Ave

MEDICAL CERTIFICATION

18. 4127 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — YRS.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): PNEUMONIA

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from JUNE 1 1969 to SEPT 21 1970 that (I) (we) last saw the deceased alive on SEPT 21 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard Tyson, MD DEGREE — Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED: 9-22-70

23C. PHYSICIAN'S NAME (Type): Dr. Richard Tyson, M.D. DEGREE 23D. ADDRESS: 936 W. North Ave. Balto. Md. 21217

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9.25.70 24C. NAME of CEMETERY or CREMATORY: Mt Auburn 24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970 25B. NAME OF REGISTRAR: Robert E. Jaeger, M.D. 25C. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible]

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

MBJ 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-100

BALTIMORE CITY HEALTH DEPARTMENT

70 9401 CERTIFICATE OF DEATH

REG. NO. 70 9401

1. NAME OF DECEASED (Type or Print): ROOP, HAROLD SCOTT

2. DATE AND HOUR OF DEATH: SEPTEMBER 21, 1970 4:02 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL 40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto. 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 147 NUNNERY LANE

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 09/15/96
9. AGE (In years last birthday): 74
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10B. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: HENRY SCOTT Roop
14. MOTHER'S MAIDEN NAME: KATE McCullum

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: 213098123
17. INFORMANT: ST AGNES RECORDS WILKENS & CATON AVES
ADDRESS: BALTIMORE MD 21229

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: (R) coronary artery occlusion
(B) DUE TO, OR AS A CONSEQUENCE OF: ASCVD
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Bronchogenic Ca (R) lung

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that XX (this hospital) attended the deceased from SEPTEMBER 19 19 70 to SEPTEMBER 21 19 70 that XX (we) last saw the deceased alive on SEPTEMBER 21 19 70 and that in XX (our) opinion death occurred on the date and hour and from the causes stated above. XX (We) (did) (XXXX) view the body after death.

23A. SIGNATURE: George S. Patrick MD (DEGREE)
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9-21-70
23C. PHYSICIAN'S NAME (Type): GEORGE S PATRICK, MD (DEGREE)
23D. ADDRESS: ST AGNES HOSPITAL WILKENS & CATON AVES BALTIMORE MD 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-24-70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Frederick Road-Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Lackey, M.D.
25C. FUNERAL DIRECTOR: [illegible]
ADDRESS: 21228

VS 150-REV. 1/1/68

BIRTH NO. R-263 '70 9402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9402

1. NAME OF DECEASED (Type or Print): Inez Josephine Richardson

2. DATE AND HOUR OF DEATH: September 19, 1970 2 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Kenesaw Nursing Home
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2601 Roslyn Ave
90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 1538
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 2601 Roslyn Avenue Balto. Md. 21216

5. SEX: Female
6. RACE: Cauc.
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Sept. 3, 1883
9. AGE (In years last birthday): 87
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Henry Richardson
14. MOTHER'S MAIDEN NAME: Florence McCloud

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO. 218 10 3566
17. INFORMANT: Mrs. Mary R. Seney 5522 Clifton Avenue Baltimore Maryland

MEDICAL CERTIFICATION

CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. 437.9		
(A) IMMEDIATE CAUSE	Terminal bronchopneumonia	1-2 days
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	Arteriosclerotic cerebrovascular disease	Few years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from Apr 19 69 to 9-19-70 19 , that (I) (~~we~~) last saw the deceased alive on 9/18 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Robt. B. Wright M.D. DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/19/70
23C. PHYSICIAN'S NAME (Type): Robt. B. Wright DEGREE
23D. ADDRESS: Medical Arts Bldg.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 22 SEP 70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Tarbert, M.D.
25C. FUNERAL DIRECTOR: G. Howard Strong
ADDRESS: 3207 W. North Avenue

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

V-520 '70 9403

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9403

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): Samuel Petro Vinci

2. DATE AND HOUR OF DEATH: Sept. 21, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto. 5300
C. CITY OR TOWN: Arbutus D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 1934 Sulphur Spring Road

5. SEX: Male 6. RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: Aug. 6, 1908 9. AGE (In years last birthday): 62 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce
10B. KIND OF BUSINESS OR INDUSTRY: Food Industry
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Petro Vinci
14. MOTHER'S MAIDEN NAME: Anna Glorioso

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-01-1022
17. INFORMANT: Mrs. Katherine F. Vinci ADDRESS: 1934 Sulphur Spring Rd.

MEDICAL CERTIFICATION

18. 250.1 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B) Diabetes Mellitus
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from July 1, 1965 19 65 to 9/21 19 70, that (I) (~~we~~) last saw the deceased alive on 9/21 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Joseph R. Liberto, MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/24/70
23C. PHYSICIAN'S NAME (Type): Dr. Joseph R. Liberto DEGREE
23D. ADDRESS: 3508 Bank Street

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-24-1970
24C. NAME of CEMETERY or CREMATORY: New Cathedral
24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Lee, MD
25C. FUNERAL DIRECTOR: O. Howard Strong ADDRESS: 3207 W. North Ave.,

VS 150-REV. 1/1/68

1

B-534 70 9904 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9904

1. NAME OF DECEASED (Type or Print) J. HOWARD BANDEL

2. DATE OF DEATH Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD Month 9 Day 21 Year 1970 Hour 5:25 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
44 Union Memorial Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY 906

6. SEX Male
7. RACE White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

C. CITY OR TOWN Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH Sept. 15, 1901
10. AGE (In years last birthday) 70 69
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER 2735 Tivoly Avenue

11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ? Bandel

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT Mr. Kenneth Lee, ADDRESS Balto. Md. 21225

MEDICAL CERTIFICATION

19. E96F X

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Cranio-cerebral injuries
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No) yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Unk.
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Unk. 00-00

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 9-21-70 a.m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Struck on head with blunt instrument.

23.
I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE [signature] M.D.
EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.
DATE SIGNED 9-21-70

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 9/24/70.
24C. NAME of CEMETERY or CREMATORY Baltimore Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 24 1970
25B. NAME OF REGISTRAR Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. ADDRESS Balto. Md.

VS 151-REV. 1/1/68 N854.0 0 0 0 0 8 3 8 9

K-455 70 9403

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9403

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Mary Kullman (MARY D. KULLMAN)

2. DATE AND HOUR OF DEATH: 9/22/70 4:15 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: ~~Md.~~ DEL. B. COUNTY: V-07
C. CITY OR TOWN: ~~Delaware~~ HARTLY D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: Box 315 Rt 1 Hartly, Dela.

5. SEX: F
6. RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/9/19
9. AGE (In years last birthday): 51
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gateno Mosca
14. MOTHER'S MAIDEN NAME: Rose Maresco

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: 215-03-0983
17. INFORMANT: William M. Kullman ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 183.0 metastatic carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) ovarian carcinoma
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from _____ 19 ____ to _____ 19 ____ that (I) (we) last saw the deceased alive on _____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: John A. Singer DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/22/70
23C. PHYSICIAN'S NAME (Type): John A. Singer, M.D. DEGREE
23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-25-70.
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): 7225 Eastern Blvd., Balto. Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: Charles L. Geiler ADDRESS: 6224 Eastern Ave. Balto., 21224, Md.

V5 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. F-400 70 9406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9406

1. NAME OF DECEASED (Type or Print): Feehley, William, J.

2. DATE AND HOUR OF DEATH: 9-20-70 9:40 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): South Balto. General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 2544
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4101 Hague Ave.

5. SEX: Male
6. RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-8-13.
9. AGE (In years last birthday): 56
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance Manager
10B. KIND OF BUSINESS OR INDUSTRY: Realty
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard Feehley
14. MOTHER'S MAIDEN NAME: Sophie Marshall

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 213-03-4774
17. INFORMANT: ELIZABETH FEEHLEY
ADDRESS: SAME.

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) — 412.3

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Ventricular fibrillation - Asystole — 40 min.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Acute myocardial infarction — 1 wk.
DUE TO, OR AS A CONSEQUENCE OF:
(C) ASHD — indefinite

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 weeks
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Insertion external pacemaker
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No.

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner): No.
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/13 19 70 to 9/20 19 70, that (I) (we) last saw the deceased alive on 9/20 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: L. F. Awalt DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/20/70.
23C. PHYSICIAN'S NAME (Type): L. F. AWALT DEGREE
23D. ADDRESS: So. Balto. General Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-23-70
24C. NAME of CEMETERY or CREMATORY: PARKWOOD CEMETERY
24D. LOCATION (City, town, or county) (State): 3310 TAYLOR AVE., BALTO. CO., MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: Charles A. Jerler
ADDRESS: 901 S. CONKLING ST. BALTO., 21224, MD.

VS 150-REV. 1/1/68

S-315 70 9402

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 9402

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): JOHN L. STEPHEN

2. DATE AND HOUR OF DEATH: Sept. 21, 1970 | 6:45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
2X US Public Health Service Hospital
3100 Wyman Parkway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: AA Co. 5200
C. CITY OR TOWN: Severn
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: PO Box 99

5. SEX: M
6. RACE: col
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3/23/21
9. AGE (In years last birthday): 49
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: USA
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Felix Stephen
14. MOTHER'S MAIDEN NAME: ? Elizabeth Williams
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): USA ?1941-1963
16. SOCIAL SECURITY NO.: 464-20-8739
17. INFORMANT: Records- US PHS Hospital, Balto, Md.
ADDRESS:

MEDICAL CERTIFICATION

18. 593.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: ACUTE RENAL FAILURE — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS
DUE TO, OR AS A CONSEQUENCE OF:

(B) CHRONIC URIC ACID NEPHROPATHY — 12 years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 15 19 70 to Sept. 21 19 70 that (I) (we) last saw the deceased alive on Sept. 21 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Richard P. Sorkin MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/21/70
23C. PHYSICIAN'S NAME (Type): Richard P. Sorkin, Surgeon (R) DEGREE
23D. ADDRESS: US PHS Hospital, Balto, Md,

24A. BURIAL CREMATION, REMOVAL (Specify): Shipped
24B. DATE: 9/24/70
24C. NAME of CEMETERY or CREMATORY:
24D. LOCATION (City, town, or county) (State): Palestine Texas

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Lauber, M.D.
25C. FUNERAL DIRECTOR: Williams Funeral Home
ADDRESS: 3198 N. Schroeder St

RGB

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9408

BIRTH NO. C-200 70 9408

1. NAME OF DECEASED (Type or Print): John Thomas Cox

2. DATE AND HOUR OF DEATH: 9-21-70 @ 10:35 p.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: Belton Hill Nsg. & Convalescent Center

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1400 John St. Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md.

B. COUNTY: 1607

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 2817 Pressman St. 21216

5. SEX: Male

6. RACE: Negro

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-25-97

9. AGE (In years last birthday): 72

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Cox

14. MOTHER'S MAIDEN NAME: Rebecca Lawrence

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-07-9624

17. INFORMANT: Admission Record - Belton Hill

ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Hypertensive CV disease	years
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	arteriosclerosis, gen	years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)	Chronic brain damage	years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/2 19 70 to 9/21 19 70, that (I) (we) last saw the deceased alive on 9/21 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/22/70

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE

23D. ADDRESS: 2 E Read St Balto Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/26/70

24C. NAME of CEMETERY or CREMATORY: New Cathedral

24D. LOCATION (City, town, or county) (State): Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970

25B. NAME OF REGISTRAR: Robert E. Foxley, M.D.

25C. FUNERAL DIRECTOR: Williams Funeral Home

ADDRESS: 319 N. Schroeder St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

C-500 70 9409

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9409

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARTHA CONWAY

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 23,1970 Hour 2:40 A. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1606
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2802 W. Lafayette Street Ave

6. SEX: Female

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Dec 25, 1908

10. AGE (In years last birthday): 62
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Roswell

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Elizabeth Wilkes

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.

18. INFORMANT: Mrs Ophelia Penn ADDRESS: 205 Abington Ave

MEDICAL CERTIFICATION

19. 2887X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Subdural Hematoma

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 2802 W. Lafayette Street 1606

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-8-70 Unk. m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Fell at home

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.

EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9/23/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-28-70

24C. NAME of CEMETERY or CREMATORY: Mt Auburn Cem

24D. LOCATION (City, town, or county) (State): Westport Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: Joseph L. Rouse ADDRESS: 2222 W. North Ave

VS 151-REV. 7/1/68

N 852.0

57-65-64 d/s

C-640 70 9410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 9410

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CREEL, OLIVE V.

2. DATE AND HOUR OF DEATH: 9/23/70 2:00 A.M. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): BALTIMORE CITY HOSPITALS 4940 Eastern Avenue Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☒ ?
E. STREET AND NUMBER: 900 Old North Point Rd. 21224

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 8-24-95
9. AGE (In years last birthday): 75
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ADOLPHUS MANEER
14. MOTHER'S MAIDEN NAME: EMMA WARMAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: 4940 Eastern Avenue ADDRESS
BOH: Records Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebral VASC. Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 60 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

412.4

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). —

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): No
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/20 19 70 to 9/23 19 70 that (I) (we) last saw the deceased alive on 9/23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W. Salyer DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: September 23, 1970
23C. PHYSICIAN'S NAME (Type): William R. SALYER DEGREE
23D. ADDRESS: 4940 Eastern Avenue, Baltimore, Maryland BALTIMORE CITY HOSPITALS 21224

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-26-70
24C. NAME of CEMETERY or CREMATORY: PT. MARION CEMETERY
24D. LOCATION (City, town, or county) (State): PT. MARION — PENNSYLVANIA

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Hartley Miller
ADDRESS: 2334 Jefferson St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

R-625

NOT A MEDICAL EXAMINER CASE, RELEASED BY DR. SPITZ, Med. Examiner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9412

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Theodore Reiersen — REIERSON, THEODORE

2. DATE AND HOUR OF DEATH: 22 SEPT 1970 — 2:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL, 33 RD & CALVERT ST., BALTIMORE, MD. 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD.
B. COUNTY: 1202
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3016 ST. PAUL ST.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 07-06-97
9. AGE (In years last birthday): ~~1870~~ 73
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steelworker Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NORWAY
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: CHRISTIAN REIERSON
14. MOTHER'S MAIDEN NAME: MARIA (UNKNOWN)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): UNKNOWN
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 163-07-5675
17. INFORMANT: Mrs Esther Reiersen — ADDRESS: 3016 St. Paul St.
ADMISSION HISTORY, UNION MEMORIAL HOSPITAL

MEDICAL CERTIFICATION

18. 4 41.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac Arrest.
DUE TO, OR AS A CONSEQUENCE OF:
(B) Ruptured Abdominal Aortic
DUE TO, OR AS A CONSEQUENCE OF:
(C) Aneurysm.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 9/22/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ruptured Aneurysm
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/22 1970 to 19__ that (I) (we) last saw the deceased alive on 9/22 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 11 AM - 2:30 PM

23A. SIGNATURE: C. Chilimindris — DEGREE
Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/22/70
23C. PHYSICIAN'S NAME (Type): C. Chilimindris MD — DEGREE
23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Cremation
24B. DATE:
24C. NAME of CEMETERY or CREMATORY: Greenmount Crematory
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Henry Sander & Sons Inc. — ADDRESS: Baltimore Maryland 21213

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. A-550 70 9411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9412

1. NAME OF DECEASED (Type or Print): MILTON C. AMMON

2. DATE AND HOUR OF DEATH: 9-22-70 3 45 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 529 N. ROSE ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 702
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 529 N. ROSE ST.

5. SEX: M
6. RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-17-1905
9. AGE (In years last birthday): 64
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAFFEUR
10B. KIND OF BUSINESS OR INDUSTRY: FREIGHT
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CARL AMMON
14. MOTHER'S MAIDEN NAME: ROSINA SHIFFLER

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Nellie D. Ammon
ADDRESS: 529 N. Rose St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Metastasis to the brain — Approximate interval between onset and death: 6 weeks
DUE TO, OR AS A CONSEQUENCE OF:
(B) Carcinoma of Bladder — 1 year
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from January 19 70 to September 19 70 that (I) (we) last saw the deceased alive on Sept 1 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J. Walter Smyth M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/24/70
23C. PHYSICIAN'S NAME (Type): J. Walter Smyth, M. D. DEGREE
23D. ADDRESS: 550 N. Broadway, Baltimore, Md. 21205

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-25-70
24C. NAME of CEMETERY or CREMATORY: OAK LAWN CEM.
24D. LOCATION (City, town, or county) (State): BALTO., MD.

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Tolbert M.D.
25C. FUNERAL DIRECTOR: Harry Miller
ADDRESS: 2334 Jefferson St.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-2551

Buchanan, Sarah 150886

RELEASED BY M.E. DR. KORNBLOOM AS NON-MED.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

70 9413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9413

BIRTH NO.

1. NAME OF DECEASED (Type or Print): SARAH BUCHANAN (BICHANAN)

2. DATE AND HOUR OF DEATH: 9-23-70 | 1:12 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33/44

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 1403
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1815 McCULLOUGH ST.

5. SEX: FEMALE
6. RACE: NEGRO
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 01/28/09
9. AGE (In years last birthday): 61
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Elkridge, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel W. Nelson
14. MOTHER'S MAIDEN NAME: ~~XXXXXXXXXXXXXX~~ Rosie R. Wood
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-14-7680
17. INFORMANT: Mrs. Carolyn White — ADDRESS: 3414 St. Ambrose Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARDIO-RESPIRATORY ARREST — ~~Diabetes mellitus~~ ~~20 yrs~~

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASCVD

DUE TO, OR AS A CONSEQUENCE OF:

(C) DIABETES MELLITUS — 20 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): ~~Partial~~
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from DOA 19 ___ to 19 ___, that (I) (we) last saw the deceased alive on 19 ___ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Anthony Jackson DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/23/70
23C. PHYSICIAN'S NAME (Type): ANTHONY JACKSON DEGREE
23D. ADDRESS: DEPARTMENT OF MEDICINE JOHNS HOPKINS HOSPITAL

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-26-70
24C. NAME of CEMETERY or CREMATORY: St. Agustine Cemetery
24D. LOCATION (City, town, or county): Elkridge, (State): Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. — ADDRESS: 1701 Laurens Street

VS 150-REV. 1/1/68

4E McCulloh st

F-4521

70 9414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9414

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): JOSEPH LEE FLEMING

2. DATE AND HOUR OF DEATH: September 19, 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 HARBOR VIEW NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: Balto. 5300
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 123 Carver Road

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-19-1890
9. AGE (In years last birthday): 80 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Bethleham Steel
11. BIRTHPLACE (State or foreign country): Caroline Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: SAMUEL FLEMING
14. MOTHER'S MAIDEN NAME: BETTY FLEMING
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-09-1359
17. INFORMANT: Mrs. Lula Fleming ADDRESS: 123 Carver Road

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4109

(A) IMMEDIATE CAUSE: Acute Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASVD 7 Cor. Insufficiency Years

DUE TO, OR AS A CONSEQUENCE OF:

(C) Generalized Arteriosclerosis Years

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). senility, debility

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3/11/70 19 to 19 that (I) (we) last saw the deceased alive on 9/17/70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/22/70
23C. PHYSICIAN'S NAME (Type): Jose C. Arroyo MD DEGREE
23D. ADDRESS: Harbor View Nsg. Home

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-23-70
24C. NAME of CEMETERY or CREMATORY: Mount Calvary Cemetery
24D. LOCATION (City, town, or county) (State): A.A. CO., Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Tables, M.D.
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

VS 150-REV. 1/1/68

1

D-340

70 9415

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

70 9415

BIRTH NO. REG. NO.

1. NAME OF DECEASED (Type or Print): Silas Lee Dudley

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 21 Year 70 Hour 3:15 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2331 Barclay St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1204
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2331 Barclay St.

6. SEX: male
7. RACE: colored
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: 9-21-1913
10. AGE (In years last birthday): 57
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Caroline Co., Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Silas Dudley

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Disability
14B. KIND OF BUSINESS OR INDUSTRY: Bethleham Steel
15. MOTHER'S MAIDEN NAME: Fannie Dudley

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 229-09-8341
18. INFORMANT: Mrs. Olivia Griffin ADDRESS: Va. Beach, Virginia 4700 Whistler Lane

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) IMMEDIATE CAUSE: Pulmonary tuberculosis
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
Deputy Chief Medical Examiner
DATE SIGNED: 9/22/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-25-70
24C. NAME of CEMETERY or CREMATORY: Mount Auburn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970 Robert E. Talbey M.D.
25B. NAME OF REGISTRAR
25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.
ADDRESS: 1701 Laurens Street

VS 151-REV. 7/1/68

1
B-653

70 9416

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9416

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARGARET A. BURNETT

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 22,1970 Hour 10:10 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 UNION MEMORIAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1203
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 2618 N. Calvert Street

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

9. DATE OF BIRTH: 2-2-24
10. AGE (In years last birthday): 46
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Raven, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William Null

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
14B. KIND OF BUSINESS OR INDUSTRY: none
15. MOTHER'S MAIDEN NAME: Lucy Rowe

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Richland Funeral Home ADDRESS: Richmond, Va.

MEDICAL CERTIFICATION

19. 571.8

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Fatty Metamorphosis of Liver

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ ~~Inspection~~ ☒ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/23/70

24A. BURIAL CREMATION, REMOVAL (Specify): Rem. Burial
24B. DATE: 9-28-70
24C. NAME of CEMETERY or CREMATORY: Greenhills Garden
24D. LOCATION (City, town, or county) (State): Cedar Bluff, Virginia

25A. DATE REC'D BY HEALTH DEPT. SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: H.W. Jenkins Sons Co. ADDRESS: 4905 York Rd. Baltimore, Md. 21212

70 0 0 0 8 4 0

VS 151-REV. 7/1/68

S-5201

70 9417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9417

BIRTH NO.

1. NAME OF DECEASED (Type or Print): EDWARD SCHOENEICH

2. DATE AND HOUR OF DEATH: 9/22/70 | 12:10 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL BALTIMORE MD 21218

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD. B. COUNTY: U.S.A. 2643

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 2913 EDISON HGWY

5. SEX: MALE 6. RACE: CAUCASIAN 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: 7/24/08 9. AGE (In years last birthday): 62 If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): KANSAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LOUIS SCHOENEICH

14. MOTHER'S MAIDEN NAME: CARRIE SCHULTZ

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: DR. ROBERT C. SCHOENEICH ADDRESS: WAUWATOSA, WISC.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4269 - 0119

(A) IMMEDIATE CAUSE: CVA, Pulm. TB.

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/20 19 70 to 9/22 19 70 that (I) (we) last saw the deceased alive on 9/22 19 70 and that to (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ronald M. Legum M.D. DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/22/70

23C. PHYSICIAN'S NAME (Type): RONALD M. LEGUM M.D. DEGREE

23D. ADDRESS: UNION MEMORIAL HOSP.

24A. BURIAL CREMATION, REMOVAL (Specify): Removal-Burial 24B. DATE: 9-24-70 24C. NAME of CEMETERY or CREMATORY: Ottawa 24D. LOCATION (City, town, or county) (State): Dousman Wisc.

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970 25B. NAME OF REGISTRAR: Robert E. Farber M.D. 25C. FUNERAL DIRECTOR: H. W. Jenkins & Sons Co., Balto., Md. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

C-514

70 9418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9418

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Samuel Campbell

2. DATE AND HOUR OF DEATH: 9-22-70 | 7:25 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 39

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, Inc. 1514 Division Street Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 1501

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1408 School Street

5. SEX: Male

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 12-23-21

9. AGE (In years last birthday): 48

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY: Superior Rag Factory

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Campbell

14. MOTHER'S MAIDEN NAME: Nealy, Lizzie

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 249-12-2577

17. INFORMANT: Mrs. Mannie Widgeon- Sister

ADDRESS: 2105 Whittier Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary Edema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

DUE TO, OR AS A CONSEQUENCE OF:

(B) Pneumonitis mid right, mid left and lower right lobe — 1 day

DUE TO, OR AS A CONSEQUENCE OF:

(C) Alcoholism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from September 21, 19 70 to September 22, 19 70 that (I) (we) last saw the deceased alive on September 22, 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Webster Sewell M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9-22-70

23C. PHYSICIAN'S NAME (Type): Webster Sewell, M. D. DEGREE

23D. ADDRESS: 1514 Division Street Balto., Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-25-70

24C. NAME of CEMETERY or CREMATORY: Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970

25B. NAME OF REGISTRAR: Robert E. Lasley M.D.

25C. FUNERAL DIRECTOR: V. B. Bailey (Nelson F.H.)

ADDRESS: 1348 Calhoun Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

J-525 1

70 9419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9419

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CATHERINE JOHNSON

2. DATE AND HOUR OF DEATH: 9-20-70 | 7a M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4528 St George Ave.

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2710

C. CITY OR TOWN: Balto

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 4528 St. George Ave.

5. SEX: f

6. RACE: negroid

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 2-11-24

9. AGE (In years last birthday): 46

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): teacher

10B. KIND OF BUSINESS OR INDUSTRY: private school

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Eubank

14. MOTHER'S MAIDEN NAME: Mary Wilmer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 232-32-4811

17. INFORMANT: Orlando Johnson ADDRESS: same

MEDICAL CERTIFICATION

18. 441.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: RUPTURED AORTIC ANEURYSM

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 YR

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from about 19 60 to 9-20 19 70, that (I) (~~we~~) last saw the deceased alive on 9-20 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Jerome Gaber DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-20-70

23C. PHYSICIAN'S NAME (Type): JEROME GABER DEGREE

23D. ADDRESS: 500 BELLONA AV.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-24-70

24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l. Cem.

24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970

25B. NAME OF REGISTRAR: Robert E. Gaber M.D.

25C. FUNERAL DIRECTOR: E. Bullock

ADDRESS: 732 E. North Ave.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/68

48-43-14 js

S-326 70 9420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9420

BIRTH NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Hannah Sweitzer

2. DATE AND HOUR OF DEATH: 9-21-70 | 2:00 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2636
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: Baltimore City Hospitals-4940 Eastern Avenue 21224

5. SEX: Female
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 4-13-94
9. AGE (In years last birthday): 76
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Evan Lewis
14. MOTHER'S MAIDEN NAME: Hannah Davis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 210-01-7033
17. INFORMANT: BCH Records: ADDRESS: 4940 Eastern Avenue Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: U. T. I.
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) A. S. C. V. D. - E C.H.F.
DUE TO, OR AS A CONSEQUENCE OF:

(C) parkinson's disease, bilat hemiparesis

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Atrial Fibrillation, osteoarthritis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from 1/4 1967 to 9/21 1970 that I (we) last saw the deceased alive on 9/21 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) (did) ~~did not~~ view the body after death.

23A. SIGNATURE: MFZzi DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/21/70
23C. PHYSICIAN'S NAME (Type): Edwardo Mazzi — Eduardo Mazzi M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Ave., Balto. Md. 21224 — City Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-24-70
24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE
24D. LOCATION (City, town, or county) (State): DORSEY, Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Stephen Bradley, Dundalk, Md.
ADDRESS:

VS 150-REV. 1/1/68

4E 6516 Cleveland ave.

1

K-640 70 9421 BALTIMORE CITY HEALTH DEPARTMENT X

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9421

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MICHAEL J. KARL

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 21 Year 1970 Hour 8:53 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 City Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto. 5300
C. CITY OR TOWN: ~~Balto.~~ DUNDALK
D. INSIDE CITY LIMITS? ~~YES~~ ☐ NO ☒
E. STREET AND NUMBER: 7007 Dunhill Rd.

6. SEX: male
7. RACE: white
8. MARITAL: MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: FEB. 19, 1910
10. AGE (In years last birthday): 60
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): PENNA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN E. KARL
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INSPECTOR
14B. KIND OF BUSINESS OR INDUSTRY: MARTIN-MARRIETTA
15. MOTHER'S MAIDEN NAME: CATHARINE EISERT
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Y) (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 210-01-7033
18. INFORMANT: DOROTHY M. KARL - WIFE ADDRESS: SAME ADD.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E955X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gunshot wound of head
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 7007 Dunhill Rd. 5300
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-21-70 a. m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Subj. shot self in head.

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Mihalakis M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9-21-70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-24-1970
24C. NAME of CEMETERY or CREMATORY: MEADOWRIDGE
24D. LOCATION (City, town, or county) (State): DORSEY, Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: W. Brooks Bradley
ADDRESS: Dundalk, Md

VS 151-REV. 1/1/68

E-564 70 9422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 9422

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MARIE G EMMERLICH

2. DATE AND HOUR OF DEATH: September 22, 1970 | 10 AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 90

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HOUSE IN THE PINES, BELVEDERE 2525 W. Belvedere BALto md 21215

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: Balto. 5300

C. CITY OR TOWN: BALTIMORE, MD. D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3045 Moreland Ave.

5. SEX: FEMALE 6. RACE: WHITE 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 9/24/00 9. AGE (In years last birthday): 69 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: Albert Schroeder

14. MOTHER'S MAIDEN NAME: Laura Becker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-54-1386

17. INFORMANT: Mrs. Norman L. Ricketts ADDRESS: 3045 Moreland Ave

MEDICAL CERTIFICATION

1B. 2509 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cerebral Embolic — 8 yr.

DUE TO, OR AS A CONSEQUENCE OF: H. Arterio sclerosis c CP — 10 yr.

(B) Diabetes mellitus — 10 yr.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Oct 4 1969 to Sept 22 1970, that (I) (we) last saw the deceased alive on Sept 17 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lester Kolman M.D. DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/23/70

23C. PHYSICIAN'S NAME (Type): LESTER KOLMAN M.D. DEGREE

23D. ADDRESS: 6821 Reistertown Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/24/70

24C. NAME of CEMETERY or CREMATORY: Dulaney Valley Mem.Gard.

24D. LOCATION (City, town, or county): Balto.Co. (State): Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970

25B. NAME OF REGISTRAR: Robert E. Talley M.D.

25C. FUNERAL DIRECTOR: Ann Donovan ADDRESS: 3818 Roland Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. C-436 70 9423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9423

1. NAME OF DECEASED (Type or Print): George D. Calderwood

2. DATE AND HOUR OF DEATH: SEPT 30 1970 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 St. Agnes Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Howard 6300
C. CITY OR TOWN: West Friendship D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: rural

5. SEX: male
6. RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2/4/17
9. AGE (In years last birthday): 53
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Co Owner
10B. KIND OF BUSINESS OR INDUSTRY: Auto. car wash
11. BIRTHPLACE (State or foreign country): Vt.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Millard Calderwood
14. MOTHER'S MAIDEN NAME: Hulda Mahaffey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
If yes, give war or dates of service: W W 2
16. SOCIAL SECURITY NO.: 209 07 4887
17. INFORMANT: Lucille Calderwood
ADDRESS: West Friendship Maryland 21794

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: A. S. H. D.
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from March 1970 to 9-20-1970, that (I) (we) last saw the deceased alive on 9-28-1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Barbu Calin DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-22-70
23C. PHYSICIAN'S NAME (Type): BARBU CALIN DEGREE
23D. ADDRESS: 3459 St. John's Lane

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: 9/24/70
24C. NAME of CEMETERY or CREMATORY: Askey
24D. LOCATION (City, town, or county) (State): Snow Shoe Township Pa.

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Higinbotham Slack
ADDRESS: 3871 Columbia Rd, Ellicott City, Md 21043

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-615

BIRTH NO. 70 9424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9424

1. NAME OF DECEASED (Type or Print): GRAVENSTINE, John Paul

2. DATE AND HOUR OF DEATH: September 19, 1970 | 8:00 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Blvd, Baltimore, Maryland 21218

23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: Talbot 7000

C. CITY OR TOWN: Cordova D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: P.O. Box 106 Cordova Md.

5. SEX: Male 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH: 7-6-11 9. AGE (In years last birthday): 59 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C. Gravenstine

14. MOTHER'S MAIDEN NAME: Eleanor Haag

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes (If yes, give war or dates of service): 3-12-44 to 10-23-46

16. SOCIAL SECURITY NO.: 150-10-2851

17. INFORMANT: Records ADDRESS: VAH, 3900 Loch Raven Blvd., Balto., Md. 21218

MEDICAL CERTIFICATION

18. 521.0

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary oedema — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

(B) Shock Pancreatitis

DUE TO, OR AS A CONSEQUENCE OF:

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(C) alcoholism + nutritional cirrhosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

hypertensive nephrosis

19A. DATE OF OPERATION: 2 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that ☒ (this hospital) attended the deceased from August 19, 19 70 to September 19 19 70 that ☒ (we) last saw the deceased alive on September 19, 19 70 and that in ☒ (our) opinion death occurred on the date and hour and from the causes stated above. ☒ (We) (did) ☒ view the body after death.

23A. SIGNATURE: Kameel Farag M.D. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/20/70

23C. PHYSICIAN'S NAME (Type): Kameel Farag M.D. DEGREE

23D. ADDRESS: 3900 Loch Raven Blvd Balto., Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Sept. 24, 1970

24C. NAME of CEMETERY or CREMATORY: DENTON

24D. LOCATION (City, town, or county) (State): DENTON, CAR. MD.

25A. REGISTERED BY HEALTH DEPT. SEP 24 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: CHARLES V. MOORE ADDRESS: DENTON, MD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-000 70 9425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9425

1. NAME OF DECEASED (Type or Print): CARL EDGAR GUE

2. DATE AND HOUR OF DEATH: SEPTEMBER 21, 1970 4:45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Hospital, 3900 Loch Raven Boulevard, Baltimore, Maryland
23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 2864
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 114 N. Athol Ave., Baltimore, Md.

5. SEX: Male
6. RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1/19/20
9. AGE (In years last birthday): 50
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant
10B. KIND OF BUSINESS OR INDUSTRY: Service Station
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Washington Gue
14. MOTHER'S MAIDEN NAME: Carrie Mullinix
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 220-09-4559
17. INFORMANT: CLIN RCDS, VAH, BALTIMORE, MARYLAND
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I 410.9
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: TOTAL ARRHYTHMIA — 1 day
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) POSSIBLE MYOCARDIAL INFARCTION
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that I (this hospital) attended the deceased from September 3, 1970 to September 21, 1970 that I (we) last saw the deceased alive on September 21, 1970 and that in my (our) opinion death occurred on the date and hour and from the causes stated above. I (We) did not view the body after death.

23A. SIGNATURE: R. A. Cash MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/21/70
23C. PHYSICIAN'S NAME (Type): R. A. CASH, M. D. DEGREE
23D. ADDRESS: VA Hospital, 3900 Loch Raven Blvd., Baltimore, Md. 21218

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/24/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: Raymond C. Fink
ADDRESS: Glen Burnie, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. T-400 70 9426 X REG. NO. [redacted] 70 9426

1. NAME OF DECEASED (Type or Print) ALICE G TUEL

2. DATE AND HOUR OF DEATH 9-21-70 1:40 pm P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Hood Convalescent Home 90 5313 Edmondson Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY Baltimore 5300
C. CITY OR TOWN Balto D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER 332 Westshire Road - 29

5. SEX Female 6. RACE White 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH 10-7/88 9. AGE (In years last birthday) 81 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary 10B. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Peter Tuel 14. MOTHER'S MAIDEN NAME Susan B. Espey

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 212053863A 17. INFORMANT Albert J. Tuel 332 Westshire Rd. 21229 ADDRESS

MEDICAL CERTIFICATION

18. 162.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH

(A) IMMEDIATE CAUSE Terminal phase of Ca of Lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Month
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). ASCV.D — 1 year.

19A. DATE OF OPERATION 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 3/7/ 1967 to 9/21/ 1970, that (I) (we) last saw the deceased alive on 9/21/ 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE [signature] DEGREE Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐ 23B. DATE SIGNED 9/21/1970

23C. PHYSICIAN'S NAME (Type) ADNAN M. SONMEZ DEGREE 23D. ADDRESS 1011 Frederick Rd. Balt. Md 21228

24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 9-24-70 24C. NAME of CEMETERY or CREMATORY Loudon Park Cemetery 24D. LOCATION (City, town, or county) Frederick Ave. Balto. (State) Md

25A. DATE REC'D BY HEALTH DEPT. SEP 24 1970 25B. NAME OF REGISTRAR [signature] 25C. FUNERAL DIRECTOR [signature] ADDRESS 301 Frederick Rd. 21228

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-361 70 9427

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9427

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): ELIZABETH MARY BITTORF

2. DATE AND HOUR OF DEATH: 21 Sept 1970 | 6:00 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2642
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 4304 Sheldon Ave. 21206

5. SEX: Female
6. RACE: Caucasian
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2 June 1894
9. AGE (In years last birthday): 76 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): straw hat maker
10B. KIND OF BUSINESS OR INDUSTRY: men's hats
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Louis Herman
14. MOTHER'S MAIDEN NAME: Molly Geiss
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 216-07-8426 B
17. INFORMANT: Geo. C. Bittorf, 4304 Sheldon Ave. 21206 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	M I acute	hours
DUE TO, OR AS A CONSEQUENCE OF:		
(B)	ASHD	years
DUE TO, OR AS A CONSEQUENCE OF:		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/21 1970 to 9/21 1970 that (I) (~~we~~) last saw the deceased alive on 9/21 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/23/70
23C. PHYSICIAN'S NAME (Type): F. Mark Dugan MD DEGREE
23D. ADDRESS: 15 E. Biddle St.

24A. BURIAL CREMATION, REMOVAL (Specify): burial
24B. DATE: 24 Sept 70
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Ullrich Funeral Home, Balto., Md. 21206 ADDRESS

VS 150-REV. 1/1/68

B-530

BIRTH NO. 68-172347 70 9428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 9428

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): BENNETT, DANIEL LEE

2. DATE AND HOUR OF DEATH: SEPTEMBER 22, 1970 10:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST AGNES HOSPITAL CATON & WILKENS AVENUES BALTIMORE, MARYLAND 21229
40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDEL 21061
C. CITY OR TOWN: GLEN BURNIE
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 306 MARIE AVENUE 5200

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 09/02/68
9. AGE (In years last birthday): 2
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: BASIL BENNETT
14. MOTHER'S MAIDEN NAME: DOTTIE (HINKLE)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: WILKENS AVES BALTO MD 21229 ST AGNES HOSPITAL'S RECORDS CATON &
ADDRESS

MEDICAL CERTIFICATION

18. 570.3 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardio-pulmonary arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: within 12 hrs
DUE TO, OR AS A CONSEQUENCE OF: Acute epiglottitis

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF: probable endotoxemia
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 22 19 70 to SEPTEMBER 22 19 70 that (I) (we) last saw the deceased alive on SEPTEMBER 22 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Sy Huh DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9-22-70
23C. PHYSICIAN'S NAME (Type): Soung Y. HUH DEGREE
23D. ADDRESS: St Agnes Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-25-1970
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery
24D. LOCATION (City, town, or county) (State): Glen Burnie, (AA) Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Tarbey, M.D.
25C. FUNERAL DIRECTOR: McCully-237 Patapsco Ave. Balto. Md. 21225
ADDRESS

VS 150-REV. 1/1/68

1

L-625 70 9429 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9429

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CHRISTOPHER GRAVES (C.) ~~LASES~~ LARSEN

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 22, 1970 Hour 5:15 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 788 Washington Blvd.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2101

6. SEX: Male
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐

9. DATE OF BIRTH: June 2, 1900
10. AGE (In years last birthday): 70
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 788 Washington Blvd.

11. BIRTHPLACE (State or foreign country): DENMARK
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: UNKNOWN

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
14B. KIND OF BUSINESS OR INDUSTRY: (Salvation Army)
15. MOTHER'S MAIDEN NAME: UNKNOWN

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Doubtful (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 060-12-7791
18. INFORMANT: Friend ADDRESS: A/ Mr. Sam Dock, 788 Washington Blvd.

MEDICAL CERTIFICATION

19. E983 X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Hanging

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 788 Washington Blvd. 2101

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-22-70 ? m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Subject hanged himself

23. I certify that I held on Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☒ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/23/70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/24/70
24C. NAME of CEMETERY or CREMATORY: Baltimore Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Farber, M.D.
25C. FUNERAL DIRECTOR: STEWART & MOWEN CO. ADDRESS: 108 W. North Av.

VS 151-REV. 7/1/68 N994-7

1

M-320 70 9430

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9430

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Rachel Matthews

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 22, 1970 Hour 7:30 P. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
42 SINIA HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1601
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1006 W. Franklin Street

6. SEX: Female
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: June 9/1885
10. AGE (In years last birthday): 85
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph Colbert

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
14B. KIND OF BUSINESS OR INDUSTRY
15. MOTHER'S MAIDEN NAME: Rachel ?

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO
17. SOCIAL SECURITY NO.
18. INFORMANT: Doris Taylor ADDRESS: 4830 Beaufort Ave

MEDICAL CERTIFICATION

19. 4-12-1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, MD.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/23/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/28/70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cem.
24D. LOCATION (City, town, or county) (State): Balto. Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 24 1970
25B. NAME OF REGISTRAR: Robert E. Jeffery M.D.
25C. FUNERAL DIRECTOR: Williams Funeral Home
ADDRESS: 3199 N. Schroeder St

VS 151-REV. 7/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9431

BIRTH NO. C-640 70 9431

1. NAME OF DECEASED (Type or Print): LOLA PEARL CARROL

2. DATE AND HOUR OF DEATH: SEPT. 21, 1970 11 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3817 BELAIR Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 2633

C. CITY OR TOWN: BALTO.

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 3817 BELAIR Rd.

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: SEPT. 13, 1899

9. AGE (In years last birthday): 71

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SALESLADY

10B. KIND OF BUSINESS OR INDUSTRY: REAL ESTATE

11. BIRTHPLACE (State or foreign country): MATTON, ILL.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CURTIS LOGAN SCOTT

14. MOTHER'S MAIDEN NAME: ROSE ELNORA STARR

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES

(If yes, give war or dates of service): W.W. II WACS

16. SOCIAL SECURITY NO.: 089-01-7064

17. INFORMANT: REV. JAMES R. KELLETT

ADDRESS: 305 E. Cold Spring La.

MEDICAL CERTIFICATION

18. 4369

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: cerebral vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: instant

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from August 19 68 to Sept 21 19 70, that (I) (we) last saw the deceased alive on 7-9 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Francis X. Carmody DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-21-70

23C. PHYSICIAN'S NAME (Type): FRANCIS X. CARMODY DEGREE

23D. ADDRESS: 3201 N Charles St.

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-22-70

24C. NAME of CEMETERY or CREMATORY: BALTIMORE

24D. LOCATION (City, town, or county) (State): BALTO., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970

25B. NAME OF REGISTRAR: Robert E. Faber, M.A.

25C. FUNERAL DIRECTOR: J. Walter Conklin

ADDRESS: 5444 BELAIR Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

R-252 70 9432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9432

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ESTHER RESNICK

2. DATE AND HOUR OF DEATH: SEPTEMBER 21, 1970 8 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3807 BANCROFT ROAD

60

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 2720

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3807 BANCROFT ROAD

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 10-5-1918

9. AGE (In years last birthday): 51

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ABRAHAM CHANTKER

14. MOTHER'S MAIDEN NAME: LILLY ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. IRVIN P. RESNICK

ADDRESS: 3807 BANCROFT RD. #15

MEDICAL CERTIFICATION

18. 174X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) IMMEDIATE CAUSE: Generalized Carcinomatosis

DUE TO, OR AS A CONSEQUENCE OF:

Breast Carcinoma

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Approx. 1 year

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from January 1969 to 9-21-1970, that (I) (we) last saw the deceased alive on 9-21 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) did (did not) view the body after death.

23A. SIGNATURE: Joseph Deckelbaum DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-22-70

23C. PHYSICIAN'S NAME (Type): JOSEPH DECKELBAUM DEGREE

23D. ADDRESS: 3502 W. ROGERS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-23-70

24C. NAME of CEMETERY or CREMATORY: SHAAREI ZION

24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY REGIST. OFFICE: SEP 25 1970

25B. NAME OF REGISTRAR: Valerie E. [illegible]

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

G-650 70 9433

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9433

1. NAME OF DECEASED (Type or Print): Graham, Goldie Sara

2. DATE AND HOUR OF DEATH: 9-20-70 7 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4 North Charles General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland #21215 B. COUNTY: 2788
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 4020 Woodmere Ave.

5. SEX: Female

6. RACE: (Jewish) ~~XXXXXX~~WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 12/27/15

9. AGE (In years last birthday): 54 yrs.
If Under 1 Yr. Months: Days:
If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~XXXXXXXXXXXXX~~CLOTHINGXX

10B. KIND OF BUSINESS OR INDUSTRY: MFG.

11. BIRTHPLACE (State or foreign country): Maryland, BALTIMORE

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Naftel

14. MOTHER'S MAIDEN NAME: Anna Mervis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 215-09-7169

17. INFORMANT: MR. IRVIN NAFTEL ADDRESS: 5002 PACEBROOK CT. #7

MEDICAL CERTIFICATION

18. 174X

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Breast Carcinoma

DUE TO, OR AS A CONSEQUENCE OF:

(B) with generalized

DUE TO, OR AS A CONSEQUENCE OF:

(C) metastases

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT ☐ SUICIDE ☐ WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) [✓ (this hospital)] attended the deceased from 9/18 1970 to 9/20 1970 that [✓ (I)] (we) last saw the deceased alive on 9/20 1970 and that in [✓ (my)] (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) [✓ (did)] (did not) view the body after death.

23A. SIGNATURE: Juanito F. Jo... Jr. DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/20/70

23C. PHYSICIAN'S NAME (Type): DR. A. ULFOHN DEGREE

23D. ADDRESS: NORTH CHARLES GENERAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-23-70

24C. NAME of CEMETERY or CREMATORY: BALTIMORE NATIONAL

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970

25B. NAME OF REGISTRAR: Robert E. Farber M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS. ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. E-565 70 9434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9434

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): SAMUEL EINHORN

2. DATE AND HOUR OF DEATH: SEPTEMBER 22, 1970 | 2:35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): JEWISH CONVALESCENT HOME
90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pennsylvania
B. COUNTY: V-35
C. CITY OR TOWN: Philadelphia
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 3939 North 6th Street

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9/1/1889
9. AGE (In years last birthday): 81
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motorman
10B. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Yankel Einhorn
14. MOTHER'S MAIDEN NAME: Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Leba Einhorn
ADDRESS: Same

MEDICAL CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

18B. 4369

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE: Cerebro Vascular Acc — 3 mo
DUE TO, OR AS A CONSEQUENCE OF:
(B) Acute Bronchopneumonia — 1 wk
DUE TO, OR AS A CONSEQUENCE OF:
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/3/70 19 to 9/22 19 70, that (I) (we) last saw the deceased alive on 9/22 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Edward S. Kallins MD DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/22/70
23C. PHYSICIAN'S NAME (Type): EDWARD S. KALLINS MD DEGREE
23D. ADDRESS: 6000 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL-BURIAL
24B. DATE: 9/22/70
24C. NAME of CEMETERY or CREMATORY: Har Zion
24D. LOCATION (City, town, or county) (State): Collingdale, Pa.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Jackson (MA)
25C. FUNERAL DIRECTOR: Sol Levinson Bros.
ADDRESS: 6010 Reisterstown Rd.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. S-240 70 9435

REG. NO. 70 9435

1. NAME OF DECEASED (Type or Print): ~~XXX~~ ~~XXXXXXXXX~~ - ROSE ~~XXX~~ SEGALL

2. DATE AND HOUR OF DEATH: 9-22-70 8:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 90 Pleasant Manor Nursing Home

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: ~~XXXXXXXXXXXXXXXXXXXX~~ B. COUNTY: MARYLAND

C. CITY OR TOWN: Balto. Md - 21215

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER: 5809 Narcissus Ave. 2719

5. SEX: Female

6. RACE: White

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5/18/03

9. AGE (In years last birthday): ~~XXXXXXXX~~ 67

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH KANOWSKY

14. MOTHER'S MAIDEN NAME: REBECCA ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. SAMUEL SEGALL, 5809 NARCISSUS AVE.

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Glioblastoma multiforme — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 mo.

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8 Jan 1969 to 9-22 1970, that (I) (we) last saw the deceased alive on 8-31 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lawrence Solomon MD DEGREE — Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-22-70.

23C. PHYSICIAN'S NAME (Type): LAWRENCE SOLOMON DEGREE

23D. ADDRESS: 3600 LOCHERN DR.

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-23-70

24C. NAME of CEMETERY or CREMATORY: SHAAREI ZION

24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970

25B. NAME OF REGISTRAR: Pauline E. Talbert, M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1

B-260 70 9436

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9436

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Matilda Bucher

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 22 Year 70 Hour 5:55 a. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 6122 Greenmeadow Pkwy.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2755
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [ ] NO [ ]
E. STREET AND NUMBER: 6122 Greenmeadow Pkwy.

6. SEX: female
7. RACE: white
8. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

9. DATE OF BIRTH: 12-3-1901
10. AGE (In years last birthday): 68
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: LOUIS BUCHER

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESLADY
14B. KIND OF BUSINESS OR INDUSTRY: RETAIL
15. MOTHER'S MAIDEN NAME: ESTHER LIBBY LEVIN

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service)
17. SOCIAL SECURITY NO.: 224-12-8163
18. INFORMANT: MRS. ESTHER LEE EDISON, ADDRESS: 410 HANNES STREET SILVER SPRING, MD. 20901

MEDICAL CERTIFICATION

19. 412.4

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Werner U. Spitz M.D.
EXAMINER'S NAME (Type): Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]
Deputy Chief Medical Examiner
DATE SIGNED: 9/22/70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-23-70
24C. NAME of CEMETERY or CREMATORY: HEBREW YOUNG MEN
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Jaffee M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

0 0 0 0 8 4 2 1

VS 151-REV. 7/1/68

BIRTH NO. M-250 70 9437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9437

1. NAME OF DECEASED (Type or Print) William E. McGowan — MC GOWAN WILLIAM

2. DATE AND HOUR OF DEATH 9/23/70, 2:25 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) CHURCH HOME + HOSP. Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY BALTIMORE
C. CITY OR TOWN DUNDALK BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER 8222 NORTHVIEW RD. 5300

5. SEX MALE 6. RACE WHITE 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 12/7/03 9. AGE (In years last birthday) 66 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Bethlehem
10B. KIND OF BUSINESS OR INDUSTRY Steel Co.

11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOHN MC GOWAN 14. MOTHER'S MAIDEN NAME MARY PADEN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213076615
17. INFORMANT PAT'S HOSP. CHART ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE Ca of the lung — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH several months

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). Bronchopneumonia — Several days

19A. DATE OF OPERATION 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No) No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7/31 1970 to 9/23 1970 that (I) (we) last saw the deceased alive on 9/23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Rolando Mendoza DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED 9/23/70
23C. PHYSICIAN'S NAME (Type) ROLANDO MENDOZA MD DEGREE
23D. ADDRESS 100 N. Broadway Balto. MD. 21231

24A. BURIAL CREMATION, REMOVAL (Specify) Burial
24B. DATE 9/26/70
24C. NAME of CEMETERY or CREMATORY Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. SEP 25 1970
25B. NAME OF REGISTRAR Robert E. Jordan
25C. FUNERAL DIRECTOR John J. Duda ADDRESS 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

70 9438

C-455

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9438

1. NAME OF DECEASED (Type or Print): Griffin D. Coleman

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month / Day / Year / Hour

3. DATE PRONOUNCED DEAD — Month: 9 Day: 21 Year: 70 Hour: 4:39 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore General

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Dundalk Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2017 Paulette Rd.

6. SEX: male
7. RACE: white
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: April 2, 1919
10. AGE (In years last birthday): 51
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.

11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Simpson L. Coleman

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Shipfitter
14B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co.
15. MOTHER'S MAIDEN NAME: Minnie Alford

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WWII
17. SOCIAL SECURITY NO. 264-12-2836
18. INFORMANT (Wife) 2017 Mrs. Marian E. Coleman, ADDRESS Paulette Rd. Dundalk, Md. 21222

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Arteriosclerotic cardiovascular disease
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Werner U. Spitz, M.D. — Deputy Chief Medical Examiner — M.D. — DATE SIGNED 9/22/70

24A. BURIAL CREMATION, REMOVAL (Specify): Removal-Burial
24B. DATE: 9/25/70
24C. NAME of CEMETERY or CREMATORY: Friendship Cemetery
24D. LOCATION (City, town, or county) (State): Marion Co. South Carolina

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Isabel E. Fadley
25C. FUNERAL DIRECTOR: John J. Duda, ADDRESS 7922 Wise Ave. Dundalk, Md.

70 B 0 0 8 4 2 3

VS 151-REV. 7/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. J-212 70 9439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 9439

1. NAME OF DECEASED (Type or Print): ALDEN BEACH PRISCILLA A JACOBS

2. DATE AND HOUR OF DEATH: SEPT. 23, 1970 12 45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE GOOD SAMARITAN HOSPITAL 45

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Balto.
616 LAKE DRIVE. 5300
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 616 LAKE DRIVE

5. SEX: F
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 07-31-02
9. AGE (In years last birthday): 68
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Scientist
10B. KIND OF BUSINESS OR INDUSTRY: Shelton College
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel H. Beach
14. MOTHER'S MAIDEN NAME: Carrie Cornish
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 572-44-2922
17. INFORMANT: Mr. Henry Jacobs
ADDRESS: SAME AS #4E

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

34470 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Amyotrophic Lateral Sclerosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 18 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:
(B) DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPT. 10 1970 to SEPT. 23 1970, that (I) (~~we~~) last saw the deceased alive on SEPT. 22 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Stephen P. Ashcraft MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Sep. 23, 1970
23C. PHYSICIAN'S NAME (Type): [redacted] DEGREE
23D. ADDRESS:

24A. BURIAL CREMATION, REMOVAL (Specify): CREMATION
24B. DATE: 9-28-70
24C. NAME of ~~CEMETERY~~ or CREMATORY: GREENMOUNT CREMATORY
24D. LOCATION (City, town, or county) (State): BALTIMORE MARYLAND
25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Jackie E. Yeckley
25C. FUNERAL DIRECTOR: Wm. Cook Brooks Towson, Inc
ADDRESS: Towson, Md.

VS 150-REV. 1/1/68

BIRTH NO. O-235 70 9440

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 70 9440

1. NAME OF DECEASED (Type or Print): OGDEN, INA L.

2. DATE AND HOUR OF DEATH: 9/22/1970 8:05 AM.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 48 MD. General Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md B. COUNTY: 2102

C. CITY OR TOWN (If outside city limits, write RURAL and give township): Baltimore.

D. STREET ADDRESS (If rural, give location): 1109 Sergeant St.

5. SEX: F.

6. RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

8. DATE OF BIRTH: 04/03/1895

9. AGE (In years last birthday): 75.

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Frank J. Wunder

14. MOTHER'S MAIDEN NAME: Mathilda Brehm

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: 212-10-4763

17. INFORMANT: Hosp. Chart

ADDRESS:

MEDICAL CERTIFICATION

I

1B. 410.9

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) Subdural Hemorrhage ~~Cerebral Thrombosis~~ acute

DUE TO

(B) Vascular hemorrhage ~~Possible Myocardial Infarction~~

DUE TO 2 Q Anticoagulants ~~Arteriosclerosis~~

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Embolus — 1 wk

Acute Myocardial Infarction — 2 wks

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): yes

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/21/1970 to 9/22/1970, that (I) (we) last saw the deceased alive on 9/22/1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M. S. Al-Ibrahim M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/22/70

23C. PHYSICIAN'S NAME (Type): M. S. AL-IBRAHIM M.D.

23D. ADDRESS: Maryland Gen. hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/25/70

24C. NAME of CEMETERY or CREMATORY: London Park Cem.

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970

25B. NAME OF REGISTRAR: Robert E. Tabor, M.D.

25C. FUNERAL DIRECTOR: John J. Curran & Son Inc.

ADDRESS: Hollins St. 23, Md.

VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

4B
Sargeant St.

D-120 70 9441

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9441

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

1. NAME OF DECEASED (Type or Print): MARGARET CLARA DAVIS

2. DATE AND HOUR OF DEATH: 24 SEPT 1970 | 6:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): S. BALTO. GEN. HOSP
43

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2544
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3933 BROOKLYN AVE

5. SEX: F
6. RACE: CAUC
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: Feb. 7, 06
9. AGE (In years last birthday): 64
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TELEPHONE OPERATOR
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: WILLIAM ZANG
14. MOTHER'S MAIDEN NAME: SOPHIA ETZEL

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 212036136
17. INFORMANT: HOSPITAL CHART
ADDRESS:

MEDICAL CERTIFICATION

18. 4819 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: CEREBRAL HEMORRHAGE
(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 23 SEPT 1970 to 24 SEPT 1970 that (I) (we) last saw the deceased alive on 24 SEPT 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Gary A. Belaga, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): GARY A. BELAGA, M.D. DEGREE
23D. ADDRESS: 3001 S. HANOVER ST

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/26/70
24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Zahn, M.D.
25C. FUNERAL DIRECTOR: McCully Funeral Home
ADDRESS: 237 Patapsco Ave.

VS 150-REV. 1/1/68

1

70 9442

S-530

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

9442

REG. NO. 70 9442

BIRTH NO. 70-09274

1. NAME OF DECEASED (Type or Print): Nichol N. ~~COLE~~ SMITH

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 23,1970 Hour 7:25 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 SOUTH BALTO. GENERAL HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 2572
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 2804 Hollins Ferry Rd.

6. SEX: Female
7. RACE: White
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: June 2,1970
10. AGE (In years last birthday): If Under 1 Yr. If Under 24 Hrs. Months: 3 Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward J.Smith

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------
14B. KIND OF BUSINESS OR INDUSTRY: ------
15. MOTHER'S MAIDEN NAME: Linda Larkins

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): ------
17. SOCIAL SECURITY NO.
18. INFORMANT: Edward J. Smith ADDRESS: 2804 Hollins Ferry Rd

MEDICAL CERTIFICATION

19. 795

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Sudden death in infancy

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/23/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/26/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Cemetery
24D. LOCATION (City, town, or county) (State): Glen Burnie Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Fenlon M.D.
25C. FUNERAL DIRECTOR: McCully Funeral Home ADDRESS: 237 Patapsco Ave.

VS 151-REV. 7/1/68

0 0 0 8 4 2 7

HBD 1

C-500 70 9443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 9443

BIRTH NO.

1. NAME OF DECEASED (Type or Print): CAIN, WOODROW WILSON

2. DATE AND HOUR OF DEATH: SEPTEMBER 20, 1970 1:10P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTY: ANNE ARUNDEL 21122 52.00
C. CITY OR TOWN: PASADENA D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 107 NORMAN RD.

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 09 18 13
9. AGE (In years last birthday): 57
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CIVIL ENGINEER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CORNELIUS
14. MOTHER'S MAIDEN NAME: DORA (SEARS)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219189480
17. INFORMANT: AVES. BALTO., MD. ADDRESS: 21229
ST. AGNES HOSP. RECORDS-CATON & WILKENS

MEDICAL CERTIFICATION

18. 571.91

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Extensive bilateral pneumonia
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C) Severe cirrhosis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 16 19 70 to SEPTEMBER 20 19 70 that (I) (we) last saw the deceased alive on SEPTEMBER 20 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ching Hui Tsai, M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/30/70
23C. PHYSICIAN'S NAME (Type): Ching Hui Tsai, M.D. DEGREE
23D. ADDRESS: CATON & WILKENS AVES. BALTO., MD. 21229

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/23/70
24C. NAME of CEMETERY or CREMATORY: Glen Haven Mem. Pk.
24D. LOCATION (City, town, or county) (State): Glen Burnie, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Bailey, M.D.
25C. FUNERAL DIRECTOR: George J. Gonce ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G-612 70 9444

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9444

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): GRAVES, ~~XXXXX~~ CLAUDE CECIL

2. DATE AND HOUR OF DEATH: SEPTEMBER 20, 1970 6:20 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDLE 52.00
C. CITY OR TOWN: PASADENA
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: CREEK DRIVE ROCKHILL BEACH

5. SEX: MALE
6. RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12-01-96
9. AGE (In years last birthday): 73
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUSTOMS INSPECTOR
10B. KIND OF BUSINESS OR INDUSTRY: U.S. CUSTOMS
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: --- Ross Graves
14. MOTHER'S MAIDEN NAME: ------ Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): YES
(If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: 220-44-9790
17. INFORMANT: ST. AGNES RECORDS CATON & WILKENS AV
ADDRESS: BALTO MD. 21229

MEDICAL CERTIFICATION

18. 250.9 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Possible acute MI — 1 hr
DUE TO, OR AS A CONSEQUENCE OF:
(B) Diabetic gangrene (R) leg — 6 month
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes mellitus

19A. DATE OF OPERATION: 8-17-70 8-19-70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Diabetic gangrene R leg
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? —

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) —
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) —
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR? —

22. I certify that ~~I~~ (this hospital) attended the deceased from 8-6-70 1970 to 9-20 1970 that ~~I~~ (we) last saw the deceased alive on 9-20 1970 and that in ~~(X)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(X)~~ (We) did ~~(did not)~~ view the body after death.

23A. SIGNATURE: Bamroung Lerdboon M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9-20-70
23C. PHYSICIAN'S NAME (Type): BAMROUNG LERDBOON M.D. DEGREE
23D. ADDRESS: ST. AGNES HOSP

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/24/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Talley, M.D.
25C. FUNERAL DIRECTOR: George J. Gonce
ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. A-353 70 9445

REG. NO. 70 9445

1. NAME OF DECEASED (Type or Print): VALERIA V. ADOMAITIS

2. DATE AND HOUR OF DEATH: SEPT. 21, 1970 | 5:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 1520 Cypress St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland

B. COUNTY: 2505

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1520 Cypress St.

5. SEX: Female

6. RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Dec. 15, 1887

9. AGE (In years last birthday): 82

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10B. KIND OF BUSINESS OR INDUSTRY: Mens Clothing

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Vincent Vaisvila

14. MOTHER'S MAIDEN NAME: Ellen Svelnis

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216 09 1539A

17. INFORMANT: Mrs. Anne Scott

ADDRESS: 938 E. Patapsco Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Congestive Heart Failure

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-11-1967 to 9-21-1970, that (I) (we) last saw the deceased alive on 7-27-1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ignas Saulynas M.D. DEGREE

Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9-22-70

23C. PHYSICIAN'S NAME (Type): Dr. Ignas Saulynas DEGREE

23D. ADDRESS: 319A Old Annapolis, Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9 24/70

24C. NAME of CEMETERY or CREMATORY: Holy Redeemer

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970

25B. NAME OF REGISTRAR: Robert E. Stephens

25C. FUNERAL DIRECTOR: George J. Gonce

ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-120 70 9446 BIRTH NO. EMMA K. BABICKY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9446

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): EMMA BABICKI

2. DATE AND HOUR OF DEATH: 10½ Am 9/23/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 So. Balto. Gen'l. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: MD
B. COUNTY: 2505
C. CITY OR TOWN: BALTO
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4351 6th St. 21225

5. SEX: F.
6. RACE: W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 7/10/96
9. AGE (In years last birthday): 74
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): CHEK.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOS. MUDIK
14. MOTHER'S MAIDEN NAME: KATHERINE ZEMAN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-10-3587
17. INFORMANT: (Chart). ADDRESS:

MEDICAL CERTIFICATION

18. 40.7 I 25.0 7

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ventricular fibrillation — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 40 min.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Myocardial infarction — one month

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arth. — years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Mild diabetes mellitus — years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/16/ 19 70 to 9/23 19 70 that (I) (we) last saw the deceased alive on 9/23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: L. F. Awalt DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9/23/70
23C. PHYSICIAN'S NAME (Type): L. F. AWALT DEGREE
23D. ADDRESS: 1010 St. Paul St. - 3H 21202

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-28-70
24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem.
24D. LOCATION (City, town, or county) (State): Balto. Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: [illegible] M.D.
25C. FUNERAL DIRECTOR: John H. Hahn
ADDRESS: 4200 Pennington Ave

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. H-200 70, 9447 REG. NO. 70 9447

1. NAME OF DECEASED (Type or Print): HECK, GRACE A.

2. DATE AND HOUR OF DEATH: 9.23.70. 1.35 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 THE UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND. B. COUNTY: 1202
C. CITY OR TOWN: BALTIMORE. D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 412, Venable Avenue.

5. SEX: Female 6. RACE: White. 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 07-18-09 9. AGE (In years last birthday): 61. If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND. 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Michael MANNION.

14. MOTHER'S MAIDEN NAME: Not Known

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---------

17. INFORMANT: MRS GRACE DISNEY ADDRESS: as above.

MEDICAL CERTIFICATION

18. 189.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Carcinoma Tonsil. Hypernephroma right kidney
DUE TO, OR AS A CONSEQUENCE OF:

(B) Pulmonary edema
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Y.S.

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —

20A. AUTOPSY? (Yes or No): Yes. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes.

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 09.22. 1970 to 09.23. 1970, that (I) (we) last saw the deceased alive on 09.23. 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mahmood Khan DEGREE Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 9.23.70.

23C. PHYSICIAN'S NAME (Type): MAHMOOD ALI KHAN MD DEGREE 23D. ADDRESS: Union Memorial Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/26/70 24C. NAME of CEMETERY or CREMATORY: Holy Redeemer Cemetery 24D. LOCATION (City, town, or county) (State): Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970 25B. NAME OF REGISTRAR: Robert E. Tackey, M.D. 25C. FUNERAL DIRECTOR: Ann Donovan ADDRESS: 3818 Roland Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9448

BIRTH NO. D-230 70 9448

1. NAME OF DECEASED (Type or Print): Wendell DOGGETT

2. DATE AND HOUR OF DEATH: 9-23-70 @ 8:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Nsg. + Convalescent Center, 1400 John St. Balt. Md. 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. B. COUNTY: 1803

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐

E. STREET AND NUMBER: 1026 Hollins St.

5. SEX: Male 6. RACE: White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 5-8-04 9. AGE (In years last birthday): 66 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): grave digger

10B. KIND OF BUSINESS OR INDUSTRY: casket company

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 416-22-1670

17. INFORMANT: Admission Record - Bolton Hill ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: CA / prostate c metastasis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year

DUE TO, OR AS A CONSEQUENCE OF:

(B) arteriosclerotic heart disease — 7 years

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/27 1970 to 9/23 1970, that (I) (we) last saw the deceased alive on 9/23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE: Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/24/70

23C. PHYSICIAN'S NAME (Type): ALLAN H. MACHT MD DEGREE

23D. ADDRESS: 2 E. Read St Balt Md 21202

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 7/25/70

24C. NAME of CEMETERY or CREMATORY: Loudon Park Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970

25B. NAME OF REGISTRAR: [signature]

25C. FUNERAL DIRECTOR: John J. Cowan & Son Inc. ADDRESS: 901 Hollins St. 23, Md.

VS 150-REV. 1/1/6B

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. R-240 70 9449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9449

1. NAME OF DECEASED (Type or Print): RUSSELL, MOLLIET.

2. DATE AND HOUR OF DEATH: 9-21-70 2:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 46 LUTHERAN.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD B. COUNTY: BALTO 1510
C. CITY OR TOWN: BALTIMORE. D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4011 LIBERTY HEIGHTS.

5. SEX: F 6. RACE: W 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH: 12-25-96 9. AGE (In years last birthday): 74 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SEAMSTRESS HOUSEWIFE 10B. KIND OF BUSINESS OR INDUSTRY: CLOTHING FACTORY 11. BIRTHPLACE (State or foreign country): BALTO., MD. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSHUA ANDERSON 14. MOTHER'S MAIDEN NAME: ANNIE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): — (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: 215-05-1802 17. INFORMANT: MR. ALBERT R. MOORE ADDRESS: 2824 CRESTON AVE.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro-vascular Accident — 9-17-70 to 9-21-70 (4 days)
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pneumonia, Possible Co.
DUE TO, OR AS A CONSEQUENCE OF:
(C) ~~Bed Sores~~

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Bed sores

19A. DATE OF OPERATION: — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: — 20A. AUTOPSY? (Yes or No): YES 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (Notify medical examiner): — Nil 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): — 21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR? —

22. I certify that (I) (this hospital) attended the deceased from 9/17 1970 to 9/21 1970. that (I) (we) last saw the deceased alive on 9/21 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] MD DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ 23B. DATE SIGNED: 9-21-70.

23C. PHYSICIAN'S NAME (Type): C. GAKUBA MD DEGREE 23D. ADDRESS: Lutheran Hosp. of Maryland, 730, ASHBURTON St. (Baltimore, MD).

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL 24B. DATE: 9-24-1970 24C. NAME of CEMETERY or ~~CREMATORY~~: CEDAR HILL 24D. LOCATION (City, town, or county) (State): RITCHIE HGWY, A.A.C., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970 25B. NAME OF REGISTRAR: Robert E. Faber, M.D. 25C. FUNERAL DIRECTOR: J. Walter Conklin ADDRESS: 5444 BELAIR Rd.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. W-630 70 9450 REG. NO. X 70 9450

1. NAME OF DECEASED (Type or Print): CARRIE S. WARD

2. DATE AND HOUR OF DEATH: 9-22-70 1:45 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: BALTO. GEN. HOSP. SOUTH
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3001 S. HANOVER ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: Baltimore COUNTY 5300
C. CITY OR TOWN: Baltimore Highlands D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 4206 Baltimore ST

5. SEX: F 6. RACE: W 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 1-2-97 9. AGE (In years last birthday): 73 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles B. Scharp
14. MOTHER'S MAIDEN NAME: Catherine Markley

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-05-8737 B
17. INFORMANT: Mr. Robert W. Ward, 4206 Baltimore St. 21227 ADDRESS

CAUSE OF DEATH

MEDICAL CERTIFICATION

18. 4109

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF:
(B) Acute pul. edema, Embolism
DUE TO, OR AS A CONSEQUENCE OF:
(C) ASCVD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ____ 19 ____ to ____ 19 ____, that (I) (we) last saw the deceased alive on ____ 19 ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Surat Sinasa DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/22/70
23C. PHYSICIAN'S NAME (Type): SURAT SINASA DEGREE
23D. ADDRESS: SBGH

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-25-1970
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Jaffee M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229 ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

70 9451

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. P-640

REG. NO. 70 9451

1. NAME OF DECEASED (Type or Print): VERDIE LEE PERRELL

2. DATE OF DEATH: Known [X] Estimated [ ] Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 21 Year 70 Hour 6:25 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 43 South Baltimore General

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 2402

6. SEX: male

7. RACE: white

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [ ] NO [ ]

9. DATE OF BIRTH: 4-8-1902

10. AGE (In years last birthday): 68 ~~69~~ If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 542 E. Fort Ave.

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Unknown

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.:

18. INFORMANT: McEwen Funeral Home, 727 E. Morehead St. ADDRESS Charlotte N.C.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 412.4 Arteriosclerotic cardiovascular disease

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [ ]
ASSOCIATE MEDICAL EXAMINER [ ]

ACTUAL SIGNATURE OF EXAMINER: [signature] M.D.

NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 9/22/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-25-70

24C. NAME of CEMETERY or CREMATORY: Forest Lawn Cemetery

24D. LOCATION (City, town, or county) (State): Charlotte, North Carolina

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 151-REV. 7/1/68

70 0 0 0 9 4 5 1

C-636

BIRTH NO. 70 9452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 9452

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): CARTER, THERESA E.

2. DATE AND HOUR OF DEATH: 09-22-70 10:40 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 40 ST. AGNES HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTIMORE 5300
C. CITY OR TOWN: ~~BALTIMORE~~ ARBUTUS D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 5111 ARBUTUS AVE.

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: 10-30-92
9. AGE (In years last birthday): 77 — If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN W. ~~XXXXXXX~~ WITTKOWSKY
14. MOTHER'S MAIDEN NAME: JOHANNA KUCERA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-54-3714
17. INFORMANT: Mrs. William Lynch, 5111 Arbutus Ave, 21227 — ST. AGNES HOSPITAL RECORDS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4/12/4

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bilateral cerebral thrombosis
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from SEPTEMBER 20 19 70 to SEPTEMBER 22 19 70 that (I) (we) last saw the deceased alive on SEPTEMBER 22 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~XXXX~~) view the body after death.

23A. SIGNATURE: Ching-Hui Tsai, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/22/70
23C. PHYSICIAN'S NAME (Type): Ching-Hui TSAI, M.D. DEGREE
23D. ADDRESS: St Agnes Hospital

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-25-70
24C. NAME of CEMETERY or CREMATORY: Meadowridge Cemetery
24D. LOCATION (City, town, or county) (State): Washington Blvd., Howard Co., Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Tarbe, M.D.
25C. FUNERAL DIRECTOR: Howard H. Hubbard, 4107 Wilkens Ave. 21229

VS 150-REV. 1/1/68

S-500 70 9453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 9453

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Archie G. Swann

2. DATE AND HOUR OF DEATH: Sept. 21, 1970 — 12:15 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 Edgewood Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto. 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 2510 Creighton Road - 21234

5. SEX: Male
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct. 31, 1904
9. AGE (In years last birthday): 65
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lithographer
10B. KIND OF BUSINESS OR INDUSTRY: Gamse Lithographing Co.
11. BIRTHPLACE (State or foreign country): Charles Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Perry Swann
14. MOTHER'S MAIDEN NAME: Jarretta Ching

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-01-2527
17. INFORMANT: Margaret E. Swann — ADDRESS: 2510 Creighton Rd. - 21234

MEDICAL CERTIFICATION

1B. 1729 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Metastatic Melanoma - Brain - — 2 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Melanoma CA. — 2 yrs.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-28 1970 to 9-21 1970, that (I) (we) last saw the deceased alive on 9-20 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Anthony F. Carozza DEGREE
Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-24-1970

23C. PHYSICIAN'S NAME (Type): ANTHONY F. CAROZZA DEGREE
23D. ADDRESS: 5217 York Rd Balto Md 21212

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-24-70
24C. NAME of CEMETERY or CREMATORY: Christ Episcopal Cemetery
24D. LOCATION (City, town, or county) (State): Wayside, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Neuberg M.D.
25C. FUNERAL DIRECTOR: John T. Miller Inc. — ADDRESS: 6415 Belair Rd. - 21206

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

J-525 70 9454

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9454

43/99

1. NAME OF DECEASED (Type or Print): WILEY Jr. JOHNSON

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month Day Year September 22, 1970 Hour 12:46 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SOUTH BALTO. GENERAL HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 203
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 608 S. Wolfe Street

6. SEX: Male
7. RACE: White
8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Jan 18, 1919
10. AGE (In years last birthday): 51
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Glade Springs, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME:

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service): 1-3-43 to 1-9-46
17. SOCIAL SECURITY NO.: 241-14-3442
18. INFORMANT: Mrs Bettiefay Johnson ADDRESS: 608 S. Wolfe St.

MEDICAL CERTIFICATION

19. E980.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Mucosal lacerations of stomach
DUE TO, OR AS A CONSEQUENCE OF: complicating Paraldhyde ingestion

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Unk.
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): Unk.
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) Unk. m.
22E. INJURY OCCURRED WHILE AT WORK ☐ Unk. NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR? Unk.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☒

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/23/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-25-1970
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Talley M.D.
25C. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS: 1901 Eastern Ave.

VS 151-REV. 1/1/68 N 967.2 0-8139

Letter from M.E.'s office 10-20-70 M.H.

N-260 70 9455 70 9455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9455 709455

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALMA M. NAZZARO — NAZZARO, ALMA M.

2. DATE AND HOUR OF DEATH: 9-23-70 0145 A.M. P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 91 Montibello State Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 105

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 23 S. Collington Avenue

5. SEX: Female

6. RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 29, 1919

9. AGE (In years last birthday): 51 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jack Aiken

14. MOTHER'S MAIDEN NAME:

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: John Nazzaro ADDRESS: 23 S. Collington Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Ca esophagus c̄ metastases — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Congestive heart failure — 1-2 months

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 7-28 19 70 to 9-23 19 70 that (I) (we) last saw the deceased alive on 9-23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hector Feliciano M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9-23-70

23C. PHYSICIAN'S NAME (Type): HECTOR L. FELICIANO M.D. DEGREE

23D. ADDRESS: Montebello Hospital (STATE)

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-26-1970

24C. NAME of CEMETERY or CREMATORY: Mt Carmel

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970

25B. NAME OF REGISTRAR: Robert E. Farley, M.D.

25C. FUNERAL DIRECTOR: Gilly & Zeller Inc. ADDRESS: 1901-07 Eastern Ave.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

669. 5361

70 9456

BALTIMORE CITY HEALTH DEPARTMENT

G-620

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9456

1. NAME OF DECEASED (Type or Print): WILLIAM GROSS

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month September Day 19 Year 1970 Hour 7:30 A M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospitals (DOA)

38/99

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 402

6. SEX: Male ✓

7. RACE: Negro

8. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: Sept 19-1970

10. AGE (In years last birthday): 49

If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 753 W. Saratoga St.

11. BIRTHPLACE (State or foreign country): Balt Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H. Jackson Sr

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Hoylina Jackson

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 215-12-4964

18. INFORMANT: Sadie M. Gross ADDRESS: 753 W. Saratoga St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

E880X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Probable hypoxia
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pressure of body on head and neck
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
Acute ethylism

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): Yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Stairs

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 753 W. Saratoga Street 4-02

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-18-70 or/between 9-19-70 10:00 P m. & 7:00 AM

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

22F. HOW DID INJURY OCCUR? Apparently fell or collapsed with head under trunk, while under influence of ethanol

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐

DATE SIGNED: 9-19-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: Sept 24/70

24C. NAME of CEMETERY or CREMATORY: Balto National Cemetery

24D. LOCATION (City, town, or county) (State): Baltimore Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970

25B. NAME OF REGISTRAR: Robert E. Yabey, M.D.

25C. FUNERAL DIRECTOR: W. Brooks Ruggold ADDRESS: 1463 N. Carey

N 994.7

VS 151-REV. 1/1/68

L.M.E. 9/28/70

Letter from M.E.'s office 10-20-70 M.H.

G-600 70 9452

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9452

1. NAME OF DECEASED (Type or Print): Andrew C. Gray

2. DATE OF DEATH: Known ☒ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 21 Year 70 Hour 8:25 p. M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 13 N. Broadway

5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 604

6. SEX: male

7. RACE: white

8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ Separated

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES ☒ # NO ☐

9. DATE OF BIRTH: Nov 24,1918

10. AGE (In years last birthday): 51
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 13 N. Broadway

11. BIRTHPLACE (State or foreign country): Roanoke Va.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ~~Mrs Catherine Adams~~ ~~7122 Harford Road~~ ~~Charles E. Gray~~

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker Helper

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Mary Childress

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): War 11

17. SOCIAL SECURITY NO.:

18. INFORMANT: Mrs/ Catherine Adams
ADDRESS: 7122 Harford Road

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary tuberculosis
DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Fatty alteration of liver

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): Partial

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ Partial and that on this basis, death in my opinion resulted from Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐

ACTUAL SIGNATURE OF EXAMINER: [signature] M.D.

NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner

DATE SIGNED: 9/22/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/25/70

24C. NAME of CEMETERY or CREMATORY: Baltimore National

24D. LOCATION (City, town, or county) (State): Frederick Rd. Balto, Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970

25B. NAME OF REGISTRAR: Robert E. Barber, M.D.

25C. FUNERAL DIRECTOR: Frederick J. Cook
ADDRESS: 7200 Harford Rd

1970 0 0 0 0 8 4 4 2

VS 151-REV. 1/1/68

1

70 9458

B-236

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9458

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ARTIMUS BAXTER, JR.	2. DATE OF DEATH Known [X] Estimated [ ] Month September Day 23 Year 1970 Hour 4:05 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 33 Johns Hopkins Hospital	3. DATE PRONOUNCED DEAD Month September Day 23 Year 1970 Hour 4:05 P.M.
	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 908
6. SEX Male	7. RACE Negro
8. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	C. CITY OR TOWN Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]	
9. DATE OF BIRTH 6-9-25	10. AGE (In years last birthday) 45
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET AND NUMBER 2045 Kennedy Avenue
11. BIRTHPLACE (State or foreign country) South Carolina	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Artimus Baxter Sr.	14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME Lugenier Stokes
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.
18. INFORMANT Frances Robinson	ADDRESS 2045 Kennedy Ave.

MEDICAL CERTIFICATION

19. 14579

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Carcinoma of mouth with metastases

(A) IMMEDIATE CAUSE

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION 2

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No) Yes

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry [ ] Inspection [ ] Autopsy [X] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE Charles S. Springate M.D.

EXAMINER'S NAME (Type) Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED September 24, 1970

24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY or CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	9/26/70	Arbutus Mem Park	Balto., Md.

25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
SEP 25 1970	Robert E. Fagen, M.D.	Wm C March	928 E. North Ave.

VS 151-REV. 3/1/68

57-62-99 JD 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. G-600 70-19608 70 9459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9459

1. NAME OF DECEASED (Type or Print): GRAY BABY GIRL ~~Erma~~

2. DATE AND HOUR OF DEATH: 9/16/70 1:00 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 31 Baltimore City Hospitals, 4940 Eastern Ave., Baltimore, Md. 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 901
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 714 Cator Ave.

5. SEX: Female 6. RACE: Negro 7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 9-15-70 9. AGE (In years last birthday): 2 hours If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: 2½ Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Erma

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: BCH Records: ADDRESS: 4940 Eastern Ave. Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. 776.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PULMONARY INSUFFICIENCY — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF:

(B) IMMATURITY (540 gm)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/15/70 19__ to 9/16 19 70 that (I) (we) last saw the deceased alive on 9/15 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Suchakorn A. Amrung, M.D. DEGREE — Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: 9/16/70

23C. PHYSICIAN'S NAME (Type): SUCHAKORN A. AMRUNG DEGREE

23D. ADDRESS: BALTIMORE CITY HOSPITALS 4940 Eastern Ave. Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9/22/70 24C. NAME of CEMETERY or CREMATORY: Arbutus Mem Pk 24D. LOCATION (City, town, or county) (State): Balto Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970 25B. NAME OF REGISTRAR: Robert E. Fuller, M.D. 25C. FUNERAL DIRECTOR: Wm J. MARCH ADDRESS: 928 E North Ave

VS 150-REV. 1/1/68

1

H-520

70 9460 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9460

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Beatrace Hams

2. DATE OF DEATH: Known ☐ Estimated ☐ Month 9 Day 13 Year 70 Hour 12:52 P.M.

3. DATE PRONOUNCED DEAD: Month 9 Day 13 Year 70 Hour 12:52 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1151 Whatcoat St.

00

5. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)
A. STATE: Md. B. COUNTY: 1602

6. SEX: female

7. RACE: Negro

8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

C. CITY OR TOWN: Balto.

D. INSIDE CITY LIMITS? YES ☐ NO ☐

9. DATE OF BIRTH: 2-18-1912

10. AGE (In years last birthday): 58?

If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 1151 Whatcoat St.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Grant Aydlotte

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

14B. KIND OF BUSINESS OR INDUSTRY

15. MOTHER'S MAIDEN NAME: Sarah Dennis

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

17. SOCIAL SECURITY NO.: 57118

18. INFORMANT: Grace Dorsey ADDRESS: 628 St. Ann Ave

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Fatty metamorphosis of liver

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: [signature] M.D.

EXAMINER'S NAME (Type): Peter Lipkovic, M.D.

DATE SIGNED: 9/14/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/24/70

24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cem.

24D. LOCATION (City, town, or county) (State): A. A. County, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970

25B. NAME OF REGISTRAR: Robert E. Jackson M.D.

25C. FUNERAL DIRECTOR: [signature] ADDRESS: 1129 N. Caroline

VS 151-REV. 1/1/68

1

W-640

70 9461

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO. 70 9461

BIRTH NO. 70-07798

1. NAME OF DECEASED (Type or Print): Jeanetta JEANETTA WERRELL

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour M.

3. DATE PRONOUNCED DEAD: Month 9 Day 20 Year 1970 Hour 10:44 a M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
00 2008 E. Chase St.

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY 808
C. CITY OR TOWN Balto.
D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER 2008 E. Chase St.

6. SEX: female
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Apr. 28/1970
10. AGE (In years last birthday)
If Under 1 Yr. If Under 24 Hrs. Months: 4 Days: Hours: Min.:

11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John W Werrell

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
14B. KIND OF BUSINESS OR INDUSTRY:
15. MOTHER'S MAIDEN NAME: Dian Floyd

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):
17. SOCIAL SECURITY NO.
18. INFORMANT: Family ADDRESS: 2008 E. Chase St.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7957

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Sudden Death in Infancy
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23.
I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Isidore Mihalakis M.D.
EXAMINER'S NAME (Type): Isidore Mihalakis, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9-20-70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/25/70
24C. NAME of CEMETERY or CREMATORY: Mt. Calvary Cemetery
24D. LOCATION (City, town, or county) (State): Oakland

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Tyler
25C. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible]

VS 151-REV. 1/1/68

W-300 1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 70 9462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9462

1. NAME OF DECEASED (Type or Print): George M. White

2. DATE AND HOUR OF DEATH: 9-24-70 | 8 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 3308 Batavia Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 2743
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3308 Batavia Ave.

5. SEX: M 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 6-17-84 9. AGE (In years last birthday): 86 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stocks - Clerk 10B. KIND OF BUSINESS OR INDUSTRY: M. Lynch Co.

11. BIRTHPLACE (State or foreign country): Pa. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George White 14. MOTHER'S MAIDEN NAME: Jennie McIntyre

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 216-01-1884

17. INFORMANT: Mrs. Gladys Snyder ADDRESS: Same

MEDICAL CERTIFICATION

18. 438.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. If means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Congestive Heart Failure — 2-4 days
DUE TO, OR AS A CONSEQUENCE OF: Cerebro Vascular Disease — Gradual onset
(B) Hypertension — " "
DUE TO, OR AS A CONSEQUENCE OF: Nephrosclerosis — " "
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): no 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ] 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 1928 to Sept 24 1970 that (I) (we) last saw the deceased alive on Sept 24th 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: W H Woody MD DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ] 23B. DATE SIGNED: 9-24-70

23C. PHYSICIAN'S NAME (Type): Dr. W. H. Woody MD DEGREE 23D. ADDRESS: 1403 Park Ave.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial 24B. DATE: 9-26-70 24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery 24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970 25B. NAME OF REGISTRAR: Albert E. Talbert, M.D. 25C. FUNERAL DIRECTOR: H. W. Jenkins Sons Co. ADDRESS: 4905 York Rd. Baltimore, Md. 21212

VS 150-REV. 1/1/68

B-250

BIRTH NO. 70 9463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9463

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): NAN H. BUCHAN

2. DATE AND HOUR OF DEATH: 9/24/70 — 3 45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY: 1202
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 321 N. CHARLES ST

5. SEX: F
6. RACE: CAUCASIAN
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10/2/90
9. AGE (In years last birthday): 79
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALES
10B. KIND OF BUSINESS OR INDUSTRY: SHOE
11. BIRTHPLACE (State or foreign country): VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM W. BUCHAN
14. MOTHER'S MAIDEN NAME: MOLLIE KESTERSON
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-09-4474
17. INFORMANT: MARY E. BUCHAN — ADDRESS: SAME

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

485X

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Bronchopneumonia

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Fmt / yr

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/24 1970 to 9/24 1970 that (I) (we) last saw the deceased alive on 9/24 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Ronald M. Legum M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/24/70
23C. PHYSICIAN'S NAME (Type): RONALD M. LEGUM M.D. DEGREE
23D. ADDRESS: UNION MEMORIAL HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-26-70
24C. NAME of CEMETERY or CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Parkville Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Tolley, M.D.
25C. FUNERAL DIRECTOR: R.W. Jenkins & Sons Co., ADDRESS: Balto., Md

VS 150-REV. 1/1/68

B-550 70 9464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9464

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Bynum, Edward

2. DATE AND HOUR OF DEATH: 9-23-70 12:30 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 39

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Divison Street, Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland B. COUNTY: 15 11

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 3506 Grantley Rd.

5. SEX: Male

6. RACE: Negro

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 8-9-1901

9. AGE (In years last birthday): 69

If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Flordia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: UNK.

14. MOTHER'S MAIDEN NAME: UNK.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No.

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-05-2197

17. INFORMANT: Lee Mrs. Inez Bynum-Wife

ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

590.0 | 250.7

(A) IMMEDIATE CAUSE: Uremia, Chronic — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: undet.

DUE TO, OR AS A CONSEQUENCE OF: Chronic Pyelonephritis — undet.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus

19A. DATE OF OPERATION: 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-5-70 19 to 9-23-70 19 that (I) (we) last saw the deceased alive on 9-23-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature], MD DEGREE

Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]

23B. DATE SIGNED: Sept. 24, 1970

23C. PHYSICIAN'S NAME (Type): VENIEDO A. ALIDIO, MD DEGREE

23D. ADDRESS: 1514 Divison Street Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-26-70

24C. NAME of CEMETERY or CREMATORY: Western Star Cemetery

24D. LOCATION (City, town, or county) (State): Catonsville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970

25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.

25C. FUNERAL DIRECTOR: MORTON & DYETT F.H.

ADDRESS: 1701 Laurens Street

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

70 9463

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. L-520

REG. NO. 70 9465

38/99

1. NAME OF DECEASED (Type or Print): BRYANT LONG

2. DATE OF DEATH: Known [X] Estimated [ ] Month September Day 23 Year 1970 Hour M.

3. DATE PRONOUNCED DEAD: Month September Day 23 Year 1970 Hour 3:48 P.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hospital (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: 1801

6. SEX: Male

7. RACE: Negro

8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

C. CITY OR TOWN: Baltimore

D. INSIDE CITY LIMITS? YES [X] NO [ ]

9. DATE OF BIRTH: 10-5-1933

10. AGE (In years last birthday): 36
If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.

E. STREET AND NUMBER: 802 W. Lexington St., Apt. #6

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leroy Long

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

14B. KIND OF BUSINESS OR INDUSTRY:

15. MOTHER'S MAIDEN NAME: Lottie Long

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes. (If yes, give war or dates of service)

17. SOCIAL SECURITY NO. 215-28-3411

18. INFORMANT: Mrs. Orrie Long ADDRESS: 2834 W. North Avenue

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

019.0

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary tuberculosis, moderately advanced (Probably inactive)

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION:

20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

21. AUTOPSY? (Yes or No): No

22A. EXTERNAL CAUSE WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.

22E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry [ ] Inspection [X] Autopsy [ ] and that on this basis, death in my opinion resulted from: Natural causes [X] Accident [ ] Suicide [ ] Homicide [ ] Undetermined manner [ ]

ACTUAL SIGNATURE: Charles S. Springate M.D.

EXAMINER'S NAME (Type): Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
ASSOCIATE MEDICAL EXAMINER [ ]

DATE SIGNED: September 24, 1970

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9-28-70

24C. NAME of CEMETERY or CREMATORY: Balto. Nat'l Cem.

24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. SEP 25 1970

25B. NAME OF REGISTRAR: Robert E. Lantzy, M.D.

25C. FUNERAL DIRECTOR: MORTON & DYETT F.H. ADDRESS: 1701 Laurens Street

0 0 0 0 4 5 0

VS 151-REV. 1/1/68

L-520 70 9466

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9466

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Daphne Long

2. DATE AND HOUR OF DEATH: 9/18/70 2:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Century Home 102 N. Paca St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY: 102 N. Paca St 1002
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER

5. SEX: F
6. RACE: N
7. MARITAL STATUS: MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 3/3/78
9. AGE (In years last birthday): 92
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: U
14. MOTHER'S MAIDEN NAME: U
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): U
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 213-54-0673-J1
17. INFORMANT: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardio-Respiratory Failure
DUE TO, OR AS A CONSEQUENCE OF: Anemia
(B) Hypertensive-Art CVHD
DUE TO, OR AS A CONSEQUENCE OF:
(C) Cent Cere Bral Arteriosclerosis

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Feb 9 1968 to Sept 18 1970 that (I) (we) last saw the deceased alive on Sept 18 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (did not) view the body after death.

23A. SIGNATURE: William Appleford DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED:
23C. PHYSICIAN'S NAME (Type): William Appleford DEGREE
23D. ADDRESS: 6615 Reisterstown Rd.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-22-70
24C. NAME of CEMETERY or CREMATORY: Arbutus Memorial Pk.
24D. LOCATION (City, town, or county) (State): Arbutus, Maryland

25A. DATE RECEIVED BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Randolph J. Cadlick ADDRESS: 2431 E. Oliver St.

VS 150-REV. 1/1/68

4E

1224 E Nelson St.

BIRTH NO. S-636 70 9462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9462

1. NAME OF DECEASED (Type or Print): Theresa Louise Schroeder

2. DATE AND HOUR OF DEATH: September 23,1970 | 7:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: 00
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 212 E. 39th. St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 1201
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 212 E. 39th St.

5. SEX: F
6. RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 16,1902
9. AGE (In years last birthday): 67
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Behrendt
14. MOTHER'S MAIDEN NAME: Marie Hermani

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 220-22-6848
17. INFORMANT: Mrs. Marie vonBehren ADDRESS: 212 E. 39th. St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 199.0

(A) IMMEDIATE CAUSE: Metastatic carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 mo.
DUE TO, OR AS A CONSEQUENCE OF: (Origon undetermined)

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: White At Work [ ] Not White At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from February 1970 to September 23 1970, that (I) (~~we~~) last saw the deceased alive on September 22, 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Lloyd E. Saylor M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: Sept. 24, 1970
23C. PHYSICIAN'S NAME (Type): Lloyd E. Saylor, M. D. DEGREE
23D. ADDRESS: 3902 Greenmount Avenue

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9-26-70
24C. NAME of CEMETERY or CREMATORY: Parkwood
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Foltz, M.D.
25C. FUNERAL DIRECTOR: Thomas A. Hoffman ADDRESS: 3218 Hudson St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

48-53-12 d/s

BIRTH NO. W-325 70 9468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9468

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Watkins, Henrietta

2. DATE AND HOUR OF DEATH: 9/21/70 | 9:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore City Hospitals, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 5300
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 340 Annetta Road 21221

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-1-21
9. AGE (In years last birthday): 49
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Blackstone, Noble
14. MOTHER'S MAIDEN NAME: Ottilia Plitt

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: xx
17. INFORMANT: BCH: Records
ADDRESS: 4940 Eastern Avenue Baltimore, Maryland 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	(A) IMMEDIATE CAUSE: chronic renal failure	4 months
	DUE TO, OR AS A CONSEQUENCE OF:	
	(B) Diabetic nephropathy	unknown
	DUE TO, OR AS A CONSEQUENCE OF:	
	(C) Diabetes mellitus	19 years
II	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): none	

19A. DATE OF OPERATION: none
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) ~~(this hospital)~~ attended the deceased from 9/9/1970 19 to 9/21/1970 19 that (I) ~~(we)~~ last saw the deceased alive on 9/21/1970 19 and that in (my) ~~(our)~~ opinion death occurred on the date and hour and from the causes stated above. (I) ~~(We)~~ (did) ~~(did not)~~ view the body after death.

23A. SIGNATURE: Henry Herrera M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/21/70
23C. PHYSICIAN'S NAME (Type): Henry Herrera M.D. DEGREE
23D. ADDRESS: Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 24
24C. NAME of CEMETERY or CREMATORY: Wesley Chapel
24D. LOCATION (City, town, or county) (State): Rock Hill Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Alyce R. Lane
ADDRESS: Church Hill, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. F-615 70 9469 REG. NO. 70 9469

1. NAME OF DECEASED (Type or Print): J. ESTELLE FAIRBANK
JESSIE FAIRBANK

2. DATE AND HOUR OF DEATH: 9-23-70 | 10:30 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 EDGEWOOD NURSING HOME

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto. 5300
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 6901 PETWORTH RD.

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: AUG. 28, 1879
9. AGE (In years last birthday): 91
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10B. KIND OF BUSINESS OR INDUSTRY: HUTZLER BROS.
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEO. J. FAIRBANK
14. MOTHER'S MAIDEN NAME: JESSIE WHITE

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-05-6160
17. INFORMANT: MR. HOWARD A. VERNAY ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 450 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pulmonary embolus, pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 min

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). Arteriosclerotic CVD — 10+ yr.

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 1 1970 to Oct 23 1970, that (I) (we) last saw the deceased alive on Oct 23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Frederick J. Vollmer M.D. DEGREE
Attending Phys. [ ] Med. Director [✓] Staff Phys. [ ]
23B. DATE SIGNED: 9-23-70
23C. PHYSICIAN'S NAME (Type): FREDERICK J VOLLMER M.D. DEGREE
23D. ADDRESS: 6100 York Rd Balto Md, 21212

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/25/70
24C. NAME of CEMETERY or CREMATORY: LORRAINE PARK CEM.
24D. LOCATION (City, town, or county) (State): — BALTO

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: MITCHELL-WIEDEFELD HOME ADDRESS: 6500 YORK RD. 21212

VS TSO-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-640 70 9470 X

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9470

1. NAME OF DECEASED (Type or Print): KRIEL Dorothy H.

2. DATE AND HOUR OF DEATH: 9/19/70 12:05AM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Baltimore B. COUNTY: Balto. 5300
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 200 Blemheim Rd

5. SEX: F
6. RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 06-08-02
9. AGE (In years last birthday): 68
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: I. Clarence Meyers
14. MOTHER'S MAIDEN NAME: Elizabeth Sauer

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215058120 B
17. INFORMANT: Chart Stanley M. Kriel ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute myocardial infarction c intraventricular communication
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Y.S.

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/16 1970 to 9/19 1970 that (I) (we) last saw the deceased alive on 9/18/ 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: I. Keil DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/19/70
23C. PHYSICIAN'S NAME (Type): ISSAM CHEIKH DEGREE
23D. ADDRESS: Union Memorial

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/21/70
24C. NAME of CEMETERY or CREMATORY: Loudon Park Cemetery
24D. LOCATION (City, town, or county) (State): Frederick Rd. Balto. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Fisher, M.D.
25C. FUNERAL DIRECTOR: Mitchell Wiedefeld Home ADDRESS: 6500 York Rd.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. L-512 70 9471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9471

1. NAME OF DECEASED (Type or Print): Dorothy Conklin LAMPKIN

2. DATE AND HOUR OF DEATH: 9/16/70 10:50 PM M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 5921 GREENHILL AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD. B. COUNTY: BALTO 2631
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5921 GREENHILL AVE

5. SEX: Female 6. RACE: White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Nov. 9, 1902 9. AGE (In years last birthday): 67 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leveriet Conklin
14. MOTHER'S MAIDEN NAME: Susan M. Walker

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-09-1429A
17. INFORMANT: Mr. William E. Lampkin, Balt. Md. ADDRESS

MEDICAL CERTIFICATION

18. 153.8 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: General Metastes-CARCINO — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 mo.

DUE TO, OR AS A CONSEQUENCE OF:

(B) Ca of Lung-Infection & Brain — ?

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from April 1 1970 to Sept 16 1970, that (I) (~~we~~) last saw the deceased alive on Sept 10 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Michael Grossfeld MD DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-17-70
23C. PHYSICIAN'S NAME (Type): MICHAEL J. GROSSFELD M.D. DEGREE
23D. ADDRESS: 5402 Belair Rd. Balto. Md 21206

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/20/70
24C. NAME of CEMETERY or CREMATORY: Wicomico Bapt. cem.
24D. LOCATION (City, town, or county) (State): Wicomico Church, Va.

25A. DATE REC'D BY HEALTH DEPT.: SEP 25 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: Mitchell Wiedefeld Home ADDRESS: 6500 York Rd Baltimore, Md 21212

Elmore & Haynie Kilmarnock Va.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

G 635

B-560 70 9472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9472

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELEANOR (GARDNER) Beaner

2. DATE AND HOUR OF DEATH 9/23/70 - 1:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

3 UNIVERSITY HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE BALTIMORE, MD. B. COUNTY 1302

C. CITY OR TOWN BALTO.

D. INSIDE CITY LIMITS? YES ☑ NO ☐

E. STREET AND NUMBER 2321 ELTAW PLACE

5. SEX F

6. RACE N

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ SEP. DIVORCED ☐

8. DATE OF BIRTH 5/4/17

9. AGE (In years last birthday) 53

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC

10B. KIND OF BUSINESS OR INDUSTRY PRIVATE

11. BIRTHPLACE (State or foreign country) VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME HENRY BEANER

14. MOTHER'S MAIDEN NAME NELLIE GRAY

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214 16 0205

17. INFORMANT SISTER. MRS. HENRIETTA ROBINSON ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 4 30 71

(A) IMMEDIATE CAUSE Subarachnoid hemorrhage

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/17 1970 to 9/23 1970 that (I) (we) last saw the deceased alive on 9/23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE Charles J. Lancelotta (M.D.) DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED 9/23/70

23C. PHYSICIAN'S NAME (Type) CHARLES J. LANCELOTTA DEGREE

23D. ADDRESS UNIV. HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24B. DATE 9/26/70

24C. NAME of CEMETERY or CREMATORY Mt Auburn Cemetery

24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT. SEP 25 1970

25B. NAME OF REGISTRAR Robert E. Farber, M.D.

25C. FUNERAL DIRECTOR LEWIS T. GWYNN ADDRESS 4517 PARK HEIGHTS AVE.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

N-260

70 9473

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9473

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): NOGUERA MORA NEFTALI

2. DATE AND HOUR OF DEATH: Sep 25, 1970 | 3:40 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD — FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 8-31
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 3509 Richmond Avenue

5. SEX: Male
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 05-15-18
9. AGE (In years last birthday): 52 — If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Consul General
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): VENEZUALA
12. CITIZEN OF WHAT COUNTRY? VENEZUEAL
13. FATHER'S NAME: ISIDRO NOGUEAR
14. MOTHER'S MAIDEN NAME: NERIA MORA
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: AURA NOGUERA — ADDRESS: Same as above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Gastro Intestinal Hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:
(B) Pulmonary Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): YES
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sep 12 19 70 to Sep 25 19 70 that (I) (we) last saw the deceased alive on Sep 25 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tohru Ohe MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Sep 25, 1970
23C. PHYSICIAN'S NAME (Type): Tohru OHE MD DEGREE
23D. ADDRESS:

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/30/70
24C. NAME of CEMETERY or CREMATORY: Cementerio General Del Sur
24D. LOCATION (City, town, or county) (State): Caracas Venezula

25A. DATE REC'D BY HEALTH DEPT.: SEP 26 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Leonard J. Ruck Inc. Balto. Md — ADDRESS:

VS 150-REV. 1/1/68

N-256 70 9474

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 9474

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Newcomer, Laura Rebecca

2. DATE AND HOUR OF DEATH: 9/23/1970, 10:00 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 Univ. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Carroll Co. 56-27
C. CITY OR TOWN: Westminster
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: 190 Franklin Ave.

5. SEX: F
6. RACE: W
7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: Jan. 13, 1886
9. AGE (In years last birthday): 84
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Augustus Otho Shank
14. MOTHER'S MAIDEN NAME: Elizabeth R. Smith
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-26-6064
17. INFORMANT: Chas. Mrs. Clarence E. Bachman, Jr. ADDRESS: 190 Franklin Ave. Westminster, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

401X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive Gastero Intestinal bleeding
DUE TO, OR AS A CONSEQUENCE OF:
(B) Hypertension,
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/23 19 70 to 9/23 19 70 that (I) (we) last saw the deceased alive on 850 PM 9/23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) ([redacted]) (did not) view the body after death.

23A. SIGNATURE: E. Sliofii M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/23/70
23C. PHYSICIAN'S NAME (Type): E. Sliofii, M.D. DEGREE
23D. ADDRESS: University of Maryland Hospital Baltimore, Maryland

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/26/1970
24C. NAME OF CEMETERY OR CREMATORY: Reformed Cemetery
24D. LOCATION (City, town, or county) (State): Taneytown, Carroll Co., Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. [illegible]
25C. FUNERAL DIRECTOR: John M. Stiles ADDRESS: C.O. Fuss & Son Funeral Home Taneytown, Md.

VS 150-REV. 1/1/68

M-534 70 9475

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9475

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Mondell, Jennie

2. DATE AND HOUR OF DEATH: 9/23/70 | 8:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): SINAI HOSPITAL
42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: Balto. Co. 53.00
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 805 ~~NX~~ MILFORD MILL ROAD

5. SEX: FEMALE
6. RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH:
9. AGE (In years last birthday): 88
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: MORRIS L. WOLPERT
14. MOTHER'S MAIDEN NAME: FRAIDA ?
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: MRS. SARAH EPSTEIN
ADDRESS: 3623 GLENGYLE AVE., APT.C7

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Chronic Congestive Heart Failure — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 25 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Acute Myocardial Infarction — 1 month

DUE TO, OR AS A CONSEQUENCE OF:

(C) Arteriosclerotic Cardiovascular Disease — 1 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

410.9

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0 —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ (this hospital) attended the deceased from 8/28/70 19 70 to 9/23 19 70 that ~~(I) (we)~~ last saw the deceased alive on 9/23 19 70 and that in ~~(my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) ~~(did)~~ (did not) view the body after death.

23A. SIGNATURE: Robert X. Young M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/23/70
23C. PHYSICIAN'S NAME (Type): ROBERT X. YOUNG DEGREE
23D. ADDRESS: SINAI HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9-24-70
24C. NAME of CEMETERY or CREMATORY: BNAI ISRAEL
24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.
ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

BIRTH NO. K-534 70 9476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9476

1. NAME OF DECEASED (Type or Print): LOUIS KANDEL

2. DATE AND HOUR OF DEATH: SEPTEMBER 22, 1970 7 P. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4110 E. LOMBARD STREET

00

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 26-64

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 4110 E. LOMBARD STREET

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED XX DIVORCED ☐

8. DATE OF BIRTH:

9. AGE (In years last birthday): 84 If Under 1 Yr. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY: RETAIL

11. BIRTHPLACE (State or foreign country): AUSTRIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MAX KANDEL

14. MOTHER'S MAIDEN NAME: LEAH POZANEK

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-32-1011

17. INFORMANT: MR. HARRY KANDEL, 6931 FIELDCREST ROAD #21215 ADDRESS

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Acute Coronary Occlusion

DUE TO, OR AS A CONSEQUENCE OF:

(B) Arteriosl C-V disease

DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No):

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from July 1970 to 9/22 1970, that (I) (we) last saw the deceased alive on 9/14 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: H. Goodman MD DEGREE

Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/24/70

23C. PHYSICIAN'S NAME (Type): JULIUS H. GOODMAN DEGREE

23D. ADDRESS: 9 S. HIGHLAND AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-24-70

24C. NAME of CEMETERY or CREMATORY: OHR KNESSETH ISRAEL ANSHE SFARD, BALTIMORE, MARYLAND

24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970

25B. NAME OF REGISTRAR: Robert E. Tabeg M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD ADDRESS

0 4 0 1

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Z-632 70 9472

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9472

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): ANNA ZERWITZ

2. DATE AND HOUR OF DEATH: SEPTEMBER 23, 1970 | 12:15 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HOUSE IN THE PINES BELVEDERE 90

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND

B. COUNTY: 15-12

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 2313 KEYWORTH AVENUE

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: JUNE 21, 1885

9. AGE (In years last birthday): 85

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: AT ~~NOME~~ HOME

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JACOB PARISER

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. OSCAR ZERWITZ

ADDRESS: 3304 MARNAT ROAD #21208

MEDICAL CERTIFICATION

CAUSE OF DEATH

1B. 486X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 wk

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): ASCVD — 15 yr

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 2/67 19 to 9/23/70 19, that (I) (~~we~~) last saw the deceased alive on 9/22/70 19 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death.

23A. SIGNATURE: Joseph Shear MD — DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9-23-70

23C. PHYSICIAN'S NAME (Type): JOSEPH SHEAR — DEGREE

23D. ADDRESS: 6715 PARK HEIGHTS AVENUE

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-24-70

24C. NAME of CEMETERY or CREMATORY: GIEL YAKOV

24D. LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970

25B. NAME OF REGISTRAR: Robert E. Vaeberg M.D.

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS.

ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

70 0 0 0 0 4 6 3

2613 Keyworth, ave

J-212 70 9478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9478

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DR MORRIS ALBERT JACOBS

2. DATE AND HOUR OF DEATH: 9/19/70 7 P M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 37 MERCY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: 27-20

C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 3811 W. STRATHMORE AVENUE

5. SEX: MALE

6. RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 9-19-[illegible]04

9. AGE (In years last birthday): 66

If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PHYSICIAN

10B. KIND OF BUSINESS OR INDUSTRY: MEDICAL

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BENJAMIN JACOBS

14. MOTHER'S MAIDEN NAME: JENNIE ?

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MR. LOUIS O. JACOBS, 6628 VINCENT AVE., APT. 203

MEDICAL CERTIFICATION

18. 197.8

CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CARCINOMA liver

DUE TO, OR AS A CONSEQUENCE OF: (Probably metastatic)

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No): No.

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/2/ 19 70 to 9/19/ 19 70 that (I) (we) last saw the deceased alive on 9/19/ 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Lewin DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑

23B. DATE SIGNED: 9/19/70

23C. PHYSICIAN'S NAME (Type): KYI K LWIN DEGREE

23D. ADDRESS: Mercy Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9-21-70

24C. NAME of CEMETERY or CREMATORY: BETH HAMEDROSH HAGODOL

24D. LOCATION (City, town, or county) (State): ROSEDALE, MARYLAND

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970

25B. NAME OF REGISTRAR: 97000 9 3 5

25C. FUNERAL DIRECTOR: SOL LEVINSON & BROS., ADDRESS: 6010 REISTERSTOWN ROAD

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K-420 70 9479

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9479

1. NAME OF DECEASED (Type or Print): MARY KOWALEWSKI

2. DATE AND HOUR OF DEATH: Sept. 26, 1970 | 1:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: KOWALEWSKI

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CHURCH HOME AND HOSPITAL 33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND B. COUNTRY: USA 6-04
C. CITY OR TOWN: BALTIMORE D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 12 S. WASHINGTON ST.

5. SEX: F
6. RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 3/8/1900
9. AGE (In years last birthday): 70 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Pike
14. MOTHER'S MAIDEN NAME: CATHERINE Unknown GRONA

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 218-03-7604
17. INFORMANT: Dorothy Kowalewski (Daughter) ADDRESS: 12 S. Washington Balto. MD. 21231

MEDICAL CERTIFICATION

18. 250.9 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Massive Septicemia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Unk.

DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Infected Diabetic Gangrene, left leg — Sev. months

DUE TO, OR AS A CONSEQUENCE OF:

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

Uncontrolled Diabetes mellitus Sev. years

19A. DATE OF OPERATION: 9/22/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Septicemic Shock
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that ~~(I)~~ ~~(this hospital)~~ attended the deceased from Sept 18 1970 to Sept 26 1970 that ~~(I)~~ (we) last saw the deceased alive on Sept 26 1970 and that ~~(In my)~~ (our) opinion death occurred on the date and hour and from the causes stated above. ~~(I)~~ (We) (did) (did not) view the body after death.

23A. SIGNATURE: Rolando A. Mendoza, M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 9/26/70
23C. PHYSICIAN'S NAME (Type): ROLANDO A. MENDOZA, M.D. DEGREE
23D. ADDRESS: 100 N. Broadway, Balto. MD. 21231

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: 9/29/70
24C. NAME of CEMETERY or ~~CREMATORY~~: ST. STANISLAUS
24D. LOCATION (City, town, or county) (State): BALTIMORE, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Jackson, M.D.
25C. FUNERAL DIRECTOR: George A. Weber ADDRESS: 705 S. ANN ST

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-100 70 9480 Susanna B. Hape

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9480

1. NAME OF DECEASED (Type or Print): HAPE Susanna

2. DATE AND HOUR OF DEATH: 9/24/70 | 2 05 a.m.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 12 Sinai Hospital of Baltimore.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY: of Baltimore 53-00
C. CITY OR TOWN: Baltimore.
D. INSIDE CITY LIMITS? YES ☐ NO ☒
E. STREET AND NUMBER: N Lost Gate Road.

5. SEX: Female
6. RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 7/3/84
9. AGE (In years last birthday): 86
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick County, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Hape
14. MOTHER'S MAIDEN NAME: Sophia Fox

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217 10 9170 A
17. INFORMANT: Mrs. DeVere Ridgely, ADDRESS: Owings Mills, Md.

MEDICAL CERTIFICATION

18. 4/2.4

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Cardiac failure.
DUE TO, OR AS A CONSEQUENCE OF:
(B) ASCVD c atrial fibrillation and peripheral emboli.
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).
status 3 years post laparotomy for intra-abdominal cancer.

19A. DATE OF OPERATION: 9/17/70.
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: impending gangrene of L leg
20A. AUTOPSY? (Yes or No): no
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/17 1970 to 9/24 1970 that (I) (we) last saw the deceased alive on 9/24 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: LeVeque 9085 DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/24/70
23C. PHYSICIAN'S NAME (Type): Hubert LEVEQUE M.D. DEGREE
23D. ADDRESS: Sinai Hospital of Baltimore.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 26, 1970
24C. NAME of CEMETERY or CREMATORY: United Brethren Cemetery
24D. LOCATION (City, town, or county) (State): Thurmont Frederick Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Tucker, M.D.
25C. FUNERAL DIRECTOR: M. R. Etchison & Son, ADDRESS: Frederick, Md.

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9481

BIRTH NO. K-322 70 9481

1. NAME OF DECEASED (Type or Print): Valeria Kwiatkowski

2. DATE AND HOUR OF DEATH: 9-24-70 12:15 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Bolton Hill Convalescent Center 1400 John St. Balto Md 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: 2-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1934 Eastern Ave

5. SEX: Female
6. RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 11-25-91
9. AGE (In years last birthday): 78
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10B. KIND OF BUSINESS OR INDUSTRY: Church Rectory
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Felix Kwiatkowski
14. MOTHER'S MAIDEN NAME: Sally Stakowrak

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-30-9935
17. INFORMANT: Admission Record - Bolton Hill ADDRESS:

MEDICAL CERTIFICATION

18. 486X

CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

DUE TO, OR AS A CONSEQUENCE OF:

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Gen ASCVD - Erythema — years

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No):
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1962 19 to 9-24 1970, that (I) (we) last saw the deceased alive on 9-22-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Theodore T. Kizwikki DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9-24-70
23C. PHYSICIAN'S NAME (Type): T. T. NIZNIK DEGREE
23D. ADDRESS: 429 S Chester St 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/26/70
24C. NAME of CEMETERY or CREMATORY: Holy Rosary Cem.
24D. LOCATION (City, town, or county) (State): Balto - Co. Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Jackson M.D.
25C. FUNERAL DIRECTOR: W. J. Fiałkowski ADDRESS: 2007 Eastern

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

H-200

BIRTH NO. 70 9482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9482

1. NAME OF DECEASED (Type or Print): SUSIE HICKS

2. DATE AND HOUR OF DEATH: SEPT. 23 - 1970 | 2:30 A. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1306½ McCULLOH ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MD

B. COUNTY: 17-02

C. CITY OR TOWN: BALTIMORE

D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 1306½ McCULLOH ST

5. SEX: F

6. RACE: Colored

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: JAN 1-1905

9. AGE (In years last birthday): 65

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC

10B. KIND OF BUSINESS OR INDUSTRY: PVT FAMILY

11. BIRTHPLACE (State or foreign country): SUSSEX CO VA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JIM HICKS

14. MOTHER'S MAIDEN NAME: IDA Dillard

15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: ANNIE Hill TAYLOR ADDRESS: 1306½ McCULLOH ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Generalized carcinomatosis — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 mo

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma of cervix

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 1 19 70 to Sept 23 19 70 that (I) (we) last saw the deceased alive on 22 Sept 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Robert W. Johnson III M.D. DEGREE — Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 23 Sept 70

23C. PHYSICIAN'S NAME (Type): ROBERT W. JOHNSON III DEGREE

23D. ADDRESS: 1010 ST Paul ST Balto Md.

24A. BURIAL CREMATION, REMOVAL (Specify): REMOVAL

24B. DATE: 9-23-70

24C. NAME of CEMETERY or CREMATORY: FAMILY PLOT

24D. LOCATION (City, town, or county) (State): SUSSEX Co VA

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970

25B. NAME OF REGISTRAR: Robert E. Lyons, M.D.

25C. FUNERAL DIRECTOR: Marshall P Hayes ADDRESS: 638 N. Gilmor St

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9483

BIRTH NO. M-320 70 9483

1. NAME OF DECEASED (Type or Print): Matthews Vernie M. (MATTHEWS)

2. DATE AND HOUR OF DEATH: 9-23-70 9:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD: FULL NAME OF HOSPITAL OR INSTITUTION: Sinai Hosp. of Baltimore (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Baltimore, Maryland 21215 — 42

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Baltimore 13-01
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2415 Lake view Ave., Baltimore Md.

5. SEX: F 6. RACE: W N 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH: 8-20-29 9. AGE (In years last birthday): 41 If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSE AID 10B. KIND OF BUSINESS OR INDUSTRY: Hospital 11. BIRTHPLACE (State or foreign country): BALTO MD ~~STATE~~ 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CARLTON JOHNSON 14. MOTHER'S MAIDEN NAME: MARIE GILLISON

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): NO (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: 17. INFORMANT: HOSEKIAH MATTHEWS ADDRESS: Paterson N.J.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(A) IMMEDIATE CAUSE: Pulmonary embolism — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3-4 hours
DUE TO, OR AS A CONSEQUENCE OF: Cancer of breast w/ pulmonary metastasis
(B) DUE TO, OR AS A CONSEQUENCE OF: Bronchopneumonia
(C)

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 12-8-67 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: 20A. AUTOPSY? (Yes or No): Yes 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Pulmonary embolism

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, Name Hospital or Location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐ 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-9 1970 to 9-23 1970 that (I) (we) last saw the deceased alive on 9-23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Antonio Ong M.D. DEGREE — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑ 23B. DATE SIGNED: 9-23-70

23C. PHYSICIAN'S NAME (Type): ANTONIO ONG M.D. DEGREE 23D. ADDRESS: Sinai Hosp. of Baltimore Maryland

24A. BURIAL CREMATION, REMOVAL (Specify): Removal 24B. DATE: 9/28/70 24C. NAME of CEMETERY or CREMATORY: FAIRLAWN 24D. LOCATION (City, town, or county) (State): FAIRLAWN N.J.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970 25B. NAME OF REGISTRAR: [illegible] M.D. 25C. FUNERAL DIRECTOR: Marshall B. Hayes ADDRESS: 1338 N. Gilmor St

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-620 70 9484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9484

1. NAME OF DECEASED (Type or Print): Gladys Horsey

2. DATE AND HOUR OF DEATH: 9/22/70 | 9 50 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University Hosp. 38

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto City 17-03
C. CITY OR TOWN: Balto.
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 1313 Myrtle Ave.

5. SEX: F
6. RACE: N
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 7/27/10
9. AGE (In years last birthday): 60
If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Neely
14. MOTHER'S MAIDEN NAME: Loleta Williams.

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 230-12-4767
17. INFORMANT: Hospital chart. ADDRESS:

MEDICAL CERTIFICATION

18. 629.8 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH To be determined.

(A) IMMEDIATE CAUSE: CARDIOPULMONARY ARREST — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 30 MINS
DUE TO, OR AS A CONSEQUENCE OF:
(B) BRONCHOPNEUMONIA & CARDIAC FAILURE — 5 DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(C) POST-OP COMPLICATIONS — 2 DAYS

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 9/15/70
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Recto-vaginal fistula
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/7 1970 to 9/22 1970 that (I) (we) last saw the deceased alive on 9/22 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Hubert T. Hurley MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒
23B. DATE SIGNED: 9/22/70
23C. PHYSICIAN'S NAME (Type): Hubert T. Gurley MD DEGREE
23D. ADDRESS: University Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9.30.70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto Md

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Farley M.D.
25C. FUNERAL DIRECTOR: Marshburn & Lewis
ADDRESS: 638 N Gilmor

VS 150-REV. 1/1/68

S-300 70 9485

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO. REG. NO. 70 9485

1. NAME OF DECEASED (Type or Print): Calvin H Scott

2. DATE OF DEATH: Known ☐ Estimated ☐ — Month 9, Day 25, Year 70, Hour 9:40 a.m.

3. DATE PRONOUNCED DEAD: Month 9, Day 25, Year 70, Hour 9:40 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION: Maryland General Hospital 48
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: 20-04
C. CITY OR TOWN: Balto. D. INSIDE CITY LIMITS? YES ☒ NO ☐

6. SEX: male
7. RACE: Negro
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: June 17-1948
10. AGE (In years last birthday): 22
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

E. STREET AND NUMBER: 40 S. Catherine St.

11. BIRTHPLACE (State or foreign country): Balto MD
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lynn Scott

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
14B. KIND OF BUSINESS OR INDUSTRY: Gen Contractor
15. MOTHER'S MAIDEN NAME: Vashti Morris

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no
(If yes, give war or dates of service)
17. SOCIAL SECURITY NO.
18. INFORMANT: Vashti Morris ADDRESS: 40 S. Catherine St

MEDICAL CERTIFICATION

19. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

E965.X

Gunshot wound of head

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): 20-03 300 block of Payson St., sidewalk

22D. TIME OF INJURY (APPROX.): (Month) 9 (Day) 20 (Year) 70 (Hour) 11:50 p.m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Subject shot by unknown assailant.

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☐ Suicide ☐ Homicide ☒ Undetermined manner ☐

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☒

ACTUAL SIGNATURE: Peter Lipkovic M.D.
EXAMINER'S NAME (Type): Peter Lipkovic, M.D.
DATE SIGNED: 9/25/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 10/2/70
24C. NAME of CEMETERY or CREMATORY: Mt Auburn
24D. LOCATION (City, town, or county) (State): Balto MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: Marshall P. Hayes ADDRESS: 38 N. Gilmor St

VS 151-REV. 1/1/68

N 8 5 4 1 1 0 0 0 0 8 4 7 0

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. (W)-426 70 9486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9486

1. NAME OF DECEASED (Type or Print): Walker, Clarence D.

2. DATE AND HOUR OF DEATH: 9-24-70 11:25 p M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 39

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Provident Hospital, 1514 Divison Street, Baltimore, Maryland 21217

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 14-02
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 1411 Divison Street

5. SEX: Male
6. RACE: Negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 06-09-92
9. AGE (In years last birthday): 78
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U. S. Post Office
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. MD
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Bartley H. Walker
14. MOTHER'S MAIDEN NAME: Annie Mapp
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 212-18-2861
17. INFORMANT: Mrs. G. Walker-Wife
ADDRESS: Same

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(A) IMMEDIATE CAUSE	Terminal Bronchopneumonia	1 week
DUE TO, OR AS A CONSEQUENCE OF: (B)	Chronic Malnutrition & Debility	
DUE TO, OR AS A CONSEQUENCE OF: (C)	Old CVA	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A): Diabetes Mellitus

436.9 + 250.9

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9-22-70 19 to 9-24-70 19 that (I) (we) last saw the deceased alive on 9-24-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Veniedo A. Alidio, M.D. DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Sept. 25, 1970
23C. PHYSICIAN'S NAME (Type): DR. VENIEDO A. ALIDIO DEGREE
23D. ADDRESS: 1514 Divison Street Baltimore, Md.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/29/70
24C. NAME of CEMETERY or CREMATORY: Baltimore National
24D. LOCATION (City, town, or county) (State): Balto MD

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Lackey, M.D.
25C. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible] Hoyt 1388 Gilmor St

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. P-480 70 9482

REG. NO. [redacted] 70 9482

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): Mrs Lilian May Pyles

2. DATE AND HOUR OF DEATH: 9/26/70 7 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): MGH.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. B. COUNTY: Balto 27-44
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 5520 Sefton Ave

5. SEX: F 6. RACE: W 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: 05-12-88 9. AGE (In years last birthday): 82 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis F. Reisinger
14. MOTHER'S MAIDEN NAME: Harrison (decd)

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 219-01-9573
17. INFORMANT: Admission sheet ADDRESS:

MEDICAL CERTIFICATION

18. 492X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Pulmonary Emphysema ~~Hypertrophied Hypertrophy~~ — Years
DUE TO, OR AS A CONSEQUENCE OF:
(B) Severe Chr. Pulm Obstr Disease — Years
DUE TO, OR AS A CONSEQUENCE OF:
(C) ~~ASTHMA ICHD~~

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).: Arteriosclerotic Cardiovascular Disease — Years

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes ~~No~~
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/19/70 19 70 to 9/26/70 19 70 that (I) (we) last saw the deceased alive on 9/26 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: [signature] DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: 9/26/70
23C. PHYSICIAN'S NAME (Type): B. G. Mansfield DEGREE
23D. ADDRESS: MGH

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept 29/70
24C. NAME of CEMETERY or CREMATORY: Moreland Mem Pk
24D. LOCATION (City, town, or county) (State): Baltimore

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Tabey, M.D.
25C. FUNERAL DIRECTOR: Philip Hoving Sons ADDRESS: 4106 Northern Pkwy

VS 150-REV. 1/1/68

S-530 70 9488

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X REG. NO. 70 9488

1. NAME OF DECEASED (Type or Print): SCHMIDT, HENRY, A.

2. DATE AND HOUR OF DEATH: SEPTEMBER 21, 70 5 20 A.M.

3. PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ST. AGNES HOSPITAL

40

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTIMORE 53-00

C. CITY OR TOWN: WOODLAWN D. INSIDE CITY LIMITS? YES ☐ NO ☐

E. STREET AND NUMBER: 5526 NORTH GREEN ROAD 21207

5. SEX: M

6. RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 8/22/91

9. AGE (In years last birthday): 79

If Under 1 Yr. Months | Days | If Under 24 Hrs. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ECKHARDT SCHMIDT

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: CHART. ADDRESS

MEDICAL CERTIFICATION

18. 412.4 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: PULMONARY EDEMA

CONGESTIVE HEART FAILURE

(A) IMMEDIATE CAUSE: Arteriosclerotic Cardiovascular

DUE TO, OR AS A CONSEQUENCE OF: Disease, Atrial fibrillations

(B) Cerebro Vascular accident, with left hemiplegia, urinary tract

DUE TO, OR AS A CONSEQUENCE OF: infection

(C) Paget's Disease.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from 9/4 1970 to 9/21 1970 that (I) (~~we~~) last saw the deceased alive on 9/19 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (~~did~~) (did not) view the body after death. Was pronounced dead at St Agnes

23A. SIGNATURE: Edward Kasatis M.D. DEGREE

Attending Phys. ☒ Med. Director ☐ Staff Phys. ☐

23B. DATE SIGNED: 9/21/70

23C. PHYSICIAN'S NAME (Type): E. KASATIS, M.D. DEGREE

23D. ADDRESS: 1801 FREDERICK Rd BALTIMORE, MD 21228

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 9/24/70

24C. NAME of CEMETERY or CREMATORY: LOUDEN PARK CEM.

24D. LOCATION (City, town, or county) (State): Baltimore Md.

25A. DATE REC'D BY HEALTH DEPT. SEP 28 1970

25B. NAME OF REGISTRAR: Jac. E. Jacobs, M.D.

25C. FUNERAL DIRECTOR: McCully 330 E. Fort Ave. ADDRESS

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W-340 70 9489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9489

BIRTH NO.

1. NAME OF DECEASED (Type or Print): LILLITH A. WADDELL

2. DATE AND HOUR OF DEATH: 09-23-70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): THE JOHNS HOPKINS HOSPITAL

33

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: MARYLAND B. COUNTY: BALTO Co. 53-00

C. CITY OR TOWN: Dundalk 2003 BEAR RD BALTIMORE

D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 2003 BEAR RIDGE RD APT

5. SEX: FEMALE

6. RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 06-22-01

9. AGE (In years last birthday): 69 | If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: OTTO L. PORR

14. MOTHER'S MAIDEN NAME: ALTA SCHULTZ

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 527-40-5878

17. INFORMANT: (Husband) Mr. Balie S. Waddell, ADDRESS: 2003 Bear Ridge Road Dundalk, Md. 21222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: PROBABLE PULMONARY EMBOLUS — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1½ hr

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C) POST OP DRAINING INTRA-ABDOMINAL ABSCESS 22 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

19A. DATE OF OPERATION: 9/1/70

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: INTRAABDOM. ABSCESS

20A. AUTOPSY? (Yes or No): NO

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner): NO

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): —

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): —

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 9/1 1970 to 9/23 1970 that (I) (we) last saw the deceased alive on 9/23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Frederick H. Sklar DEGREE

Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒

23B. DATE SIGNED: 9/23/70

23C. PHYSICIAN'S NAME (Type): FREDERICK H. SKLAR DEGREE

23D. ADDRESS: JOHNS HOPKINS HOSPITAL, INTERN IN SURGERY

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

24B. DATE: 9/28/70

24C. NAME OF CEMETERY or CREMATORY: Sabetha Cemetery

24D. LOCATION (City, town, or county) (State): Nemaha Co. Sabetha, Kansas

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970

25B. NAME OF REGISTRAR: Robert J. Tesler, M.D.

25C. FUNERAL DIRECTOR: John J. Duda ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

57-55-91 db 1

S-315 70 9490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 70 9490

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Zora E. Stevens — Stevens, Zora E.

2. DATE AND HOUR OF DEATH: 9/23/70 — 8:00 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION: 31

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) BALTIMORE CITY HOSPITALS, 4940 Eastern Avenue, Baltimore, Maryland 21224

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Maryland — B. COUNTY: Baltimore Co. 53-00

C. CITY OR TOWN: Dundalk — D. INSIDE CITY LIMITS? YES ☐ NO ☒

E. STREET AND NUMBER: 8244 Long Point Road 21222 005

5. SEX: Female — 6. RACE: White — 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 6-20-87 — 9. AGE (In years last birthday): 83 — If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Oldaker — 14. MOTHER'S MAIDEN NAME: Sarah Lawson

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 235-12-6374-D — 17. INFORMANT: BCH-Records — ADDRESS: 4940 Eastern Avenue, Baltimore, Md. 21224

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — 436.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cerebro vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 20 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) Systemic Arterial Hypertension

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A): Urinary tract infection — approx. one month

19A. DATE OF OPERATION: 0 — 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): NO — 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept 4, 19 70 to Sept 23 19 70 that (I) (we) last saw the deceased alive on Sept 23 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: William Feder — DEGREE: — Attending Phys. ☐ Med. Director ☐ Staff Phys. ☒ — 23B. DATE SIGNED: 9/23/70

23C. PHYSICIAN'S NAME (Type): William Feder — DEGREE:

23D. ADDRESS: BCH- 4940 Eastern Avenue, Baltimore, Md. 21224

24A. BURIAL CREMATION, REMOVAL (Specify): Burial — 24B. DATE: 9-28-70 — 24C. NAME of CEMETERY or CREMATORY: Sunset Memorial Cemetery — 24D. LOCATION (City, town, or county) (State): Clarksburg, Harrison Co., W. Va.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970 — 25B. NAME OF REGISTRAR: [illegible] — 25C. FUNERAL DIRECTOR: John J. Duda — ADDRESS: 7922 Wise Ave. Dundalk, Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-620 70 9491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9491

BIRTH NO.

1. NAME OF DECEASED (Type or Print): DORIS, AMELIA F.

2. DATE AND HOUR OF DEATH: Sep 22, 1970 16:15 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): The Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland. B. COUNTY: 12-07
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 202 W 27th St.

44

5. SEX: Female
6. RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 09-12-05
9. AGE (In years last birthday): 65
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY? USA American

13. FATHER'S NAME: Stanley Schawkowski
14. MOTHER'S MAIDEN NAME: ~~XXXXXXXXX~~ Babina Kwiatkowski

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 179 10 4574B
17. INFORMANT: Joseph Doris
ADDRESS: Same as above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Cardiac arrest
DUE TO, OR AS A CONSEQUENCE OF:
(B) Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sep 21 19 70 to Sep 22 19 70 that (I) (we) last saw the deceased alive on Sep 22 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Tohru Ohe MD DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: Sep 22, 1970
23C. PHYSICIAN'S NAME (Type): Tohru OHE MD DEGREE
23D. ADDRESS: Union Memorial Hosp.

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/26/70
24C. NAME of CEMETERY or CREMATORY: Meadowridge Mem. Pk.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Tabler, M.D.
25C. FUNERAL DIRECTOR: George J. Gonce
ADDRESS: 4001 Ritchie Hgy. Baltimore, Md. 21225

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D-524 70 9492

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9492

1. NAME OF DECEASED (Type or Print): DANIEL DINGWALL

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month Day Year September 23,1970 Hour 12:10 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): UNIVERSITY HOSPITAL

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: New York
B. COUNTY: V-29
C. CITY OR TOWN: Nigara
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2024 Lasalle Avenue (~~Fort Belvoir Virginia~~)

38

6. SEX: Male
7. RACE: White
8. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
9. DATE OF BIRTH: 6-30-48
10. AGE (In years last birthday): 22
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
11. BIRTHPLACE (State or foreign country): N.Y.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Dingwall
14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Army
14B. KIND OF BUSINESS OR INDUSTRY: U.S.A.
15. MOTHER'S MAIDEN NAME: ?
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) Army (active duty)
17. SOCIAL SECURITY NO. 111-38-1629
18. INFORMANT: Army Records Ft. Holland ADDRESS

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

E 816.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Multiple Traumatic Injuries

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:

(B)
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Rt. 15 3/4 mi. Spahrs Quaray Rd. Frederick, Maryland
60-00
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour): 9-22-70 8:00 P.m.
22E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
22F. HOW DID INJURY OCCUR? Passenger in auto which overturned

23. I certify that I held an Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☐ Accident ☒ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE OF EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/23/70

24A. ~~BURIAL, CREMATION~~, REMOVAL (Specify): Burial
24B. DATE: 9-25-70
24C. NAME of CEMETERY or CREMATORY: Otto-Palang F.H.
24D. LOCATION (City, town, or county) (State): Niagara Falls, N.Y.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Foley, M.D.
25C. FUNERAL DIRECTOR: Robert Barnard
ADDRESS: Severna Park, Md.

VS 15f-REV. 3/1/68

N 869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. [redacted] 70 9493

BIRTH NO. M-635 70 9493

1. NAME OF DECEASED (Type or Print): John G. Martin

2. DATE AND HOUR OF DEATH: 9/24/70 8 45 A.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Parkhill Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: 12-06
C. CITY OR TOWN: Balto
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 2327 N. Charles Street

5. SEX: Male
6. RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: 2-18-1883
9. AGE (In years last birthday): 87
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Martin
14. MOTHER'S MAIDEN NAME

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-56-2696 SE
17. INFORMANT
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: CHF — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2d

DUE TO, OR AS A CONSEQUENCE OF:

(B) Generalized ASVD.

DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 2 Dec 19 64 to 24 Sep 1970, that (I) (we) last saw the deceased alive on 24 Sep 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: J Hulla M.D. DEGREE
Attending Phys. ☐ Med. Director ☐ Staff Phys. ☑
23B. DATE SIGNED: 24 Sep 70
23C. PHYSICIAN'S NAME (Type): J. Hulla M.D. DEGREE
23D. ADDRESS: 2214 E Fayette 21231

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept 24-70
24C. NAME of CEMETERY or CREMATORY: Mt. Herman
24D. LOCATION (City, town, or county) (State): Richmond-Va

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Foley M.D.
25C. FUNERAL DIRECTOR: G. William S. Tidnacrd Sons
ADDRESS: North & Beaf Parce Md.

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-625 70 9484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X

REG. NO. 70 9484

1. NAME OF DECEASED (Type or Print): CATHERINE KERRIGAN

2. DATE AND HOUR OF DEATH: September 23, 1970 1:10 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): University of Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: A.A. Co. 52-00
C. CITY OR TOWN: Pasadena
D. INSIDE CITY LIMITS? YES [ ] NO [X]
E. STREET AND NUMBER: 791 Bridge Drive #21122

5. SEX: F
6. RACE: C
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3/17/21
9. AGE (In years last birthday): 49
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin F. Kerrigan
14. MOTHER'S MAIDEN NAME: Irene Patrick

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Bernard F. Kerrigan
ADDRESS: 9400 Fullerdale Ave. 21234

MEDICAL CERTIFICATION

18. 256.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Possible pulmonary embolus — 20 minutes
DUE TO, OR AS A CONSEQUENCE OF:
(B) Venous stasis — Chronic
DUE TO, OR AS A CONSEQUENCE OF:
(C) Possible ovarian tumor — 2 yrs.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 2
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): Yes
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from Sept. 4 1970 to Sept 23 1970 that (I) (we) last saw the deceased alive on Sept. 23 1970 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Mark M. Applefeld, MD DEGREE
Attending Phys. [ ] Med. Director [ ] Staff Phys. [X]
23B. DATE SIGNED: Sept. 23, 1970
23C. PHYSICIAN'S NAME (Type): MARK M. APPLEFELD DEGREE
23D. ADDRESS: University of Maryland Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sep. 26, 70
24C. NAME of CEMETERY or CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Faber, M.D.
25C. FUNERAL DIRECTOR: William E. Johnson
ADDRESS: 8521 Loch Raven Bl. 21204

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. K-620 70 9495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9495

1. NAME OF DECEASED (Type or Print): FRANK J. KRAUS (Kraus)

2. DATE AND HOUR OF DEATH: 9-24-70 7:30 P.M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 44 UNION MEMORIAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: 26-42
C. CITY OR TOWN: BALTIMORE
D. INSIDE CITY LIMITS? YES ☑ NO ☐
E. STREET AND NUMBER: 4522 MANNASOTA AVE.

5. SEX: M
6. RACE: W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10-03-85
9. AGE (In years last birthday): 84
If Under 1 Yr. Months: Days: If Under 24 Hrs. Hours: Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10B. KIND OF BUSINESS OR INDUSTRY: Armco Steel
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: FRANK J. KRAUS
14. MOTHER'S MAIDEN NAME: NOT KNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-09-6136
17. INFORMANT: Ida Kraus, wife, 4522 Mannasota Ave.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: SEPTICEMIA — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(B) PYELONEPHRITIS — 14 DAYS
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8-15-70 19 to 9-24 19 70 that (I) (we) last saw the deceased alive on 9-24-70 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: Francis X Carmody DEGREE
Attending Phys. ☑ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 9-24-70
23C. PHYSICIAN'S NAME (Type): FRANCIS X CARMODY DEGREE
23D. ADDRESS: 3201 N CHARLES

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/28/70
24C. NAME of CEMETERY or CREMATORY: Bohemian National Cem.
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Schoenrich
ADDRESS: Bohemian Lane

VS 150-REV. 1/1/68

1

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. H-536 70 9496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9496

1. NAME OF DECEASED (Type or Print): BESSIE MAY HENDRICKS

2. DATE AND HOUR OF DEATH: Sept. 24, 1970 | 7 a. M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3560 Benzinger Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md. 21229
B. COUNTY: 25-51
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 3560 Benzinger Road

5. SEX: female
6. RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 1/23/95
9. AGE (In years last birthday): 75 | If Under 1 Yr. Months: Days | If Under 24 Hrs. Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Harris
14. MOTHER'S MAIDEN NAME: Etta Reeves
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 217-48-1026T
17. INFORMANT: Mrs. Raymond Eckman, dght, above — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: 183.0 Carcinoma Ovary — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 mo
DUE TO, OR AS A CONSEQUENCE OF: c Metastases

(B) DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: Apr. 9, 1970
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: Ca of Ovary
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from June 1969 to Sept 24 1970 that (I) (~~we~~) last saw the deceased alive on Sept 18 1970 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Earl I. Pass M.D. DEGREE — Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 9/25/70
23C. PHYSICIAN'S NAME (Type): Dr. Earl I. Pass DEGREE
23D. ADDRESS: 4001 Wilkens Avenue

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/28/70
24C. NAME of CEMETERY or CREMATORY: Lakeside Cemetery
24D. LOCATION (City, town, or county) (State): Sackets Harbor, N. Y.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Talbert, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. — ADDRESS: 3331 Brehms Lane

VS 150-REV. 1/1/68

BIRTH NO. Y-240 70 9492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

REG. NO. 70 9492

1. NAME OF DECEASED (Type or Print): MARIE M. VOGEL

2. DATE AND HOUR OF DEATH: 9/23/70 | 7 45 A M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 90 House in the Pines (Belair Rd.)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE: Md. 21206 B. COUNTY: 26-31

C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES [X] NO [ ]

E. STREET AND NUMBER: 5910 Grace Avenue

5. SEX: female

6. RACE: white

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 8/22/1899

9. AGE (In years last birthday): 71 | If Under 1 Yr. Months: Days: | If Under 24 Hrs. Hours: Min.:

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Christian Christian

14. MOTHER'S MAIDEN NAME: Elizabeth Rossing

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-10-9317D

17. INFORMANT: Joseph J. Vogel, Jr., son, above ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES — DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
433.9	(A) IMMEDIATE CAUSE: Multiple Cerebral Thrombosis	months.
	DUE TO, OR AS A CONSEQUENCE OF: (B) Arteriosclerotic Vascular Disease	yrs.
	DUE TO, OR AS A CONSEQUENCE OF: (C)	
II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Congestive Heart Failure, Diabetes mellitus, Myocardium, Recent Urinary Tract Infection	

19A. DATE OF OPERATION:

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:

20A. AUTOPSY? (Yes or No): No

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (Notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this hospital~~) attended the deceased from January 19 59 to 9/23/ 19 70 that (I) (~~we~~) last saw the deceased alive on 9/22/ 19 70 and that in (my) (~~our~~) opinion death occurred on the date and hour and from the causes stated above. (I) (~~We~~) (did) (~~did not~~) view the body after death.

23A. SIGNATURE: Albert B. Bradley DEGREE

Attending Phys. [✓] Med. Director [ ] Staff Phys. [ ]

23B. DATE SIGNED: 9/23/70

23C. PHYSICIAN'S NAME (Type) DEGREE

23D. ADDRESS

24A. BURIAL CREMATION, REMOVAL (Specify): Burial

24B. DATE: 9/28/70

24C. NAME of CEMETERY or CREMATORY: Baltimore National Cem

24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970

25B. NAME OF REGISTRAR: Robert E. Mathews, M.D.

25C. FUNERAL DIRECTOR: B. Schimunek Funeral Home, Inc. ADDRESS: 3931 Brehms Lane

VS 150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

B-300 70 9498

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70 9498

REG. NO.

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

1. NAME OF DECEASED (Type or Print): EDWARD A. BEATTY, JR.

2. DATE AND HOUR OF DEATH: 9/22/70 M.

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 00 905 N. Kenwood Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY: Md., 21205 7-01
C. CITY OR TOWN: Baltimore
D. INSIDE CITY LIMITS? YES [X] NO [ ]
E. STREET AND NUMBER: 905 N. Kenwood Avenue

5. SEX: male
6. RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9/10/13
9. AGE (In years last birthday): 57
If Under 1 Yr. Months Days; If Under 24 Hrs. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Letter Carrier
10B. KIND OF BUSINESS OR INDUSTRY: U.S.Post Office
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward A. Beatty, Sr.
14. MOTHER'S MAIDEN NAME: Smith
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown): yes
(If yes, give war or dates of service): Army - WW 2
16. SOCIAL SECURITY NO.: 212-09-7147
17. INFORMANT: Frieda E. Beatty, wife, above
ADDRESS:

MEDICAL CERTIFICATION

18. 4 10.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Myocardial Infarction — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: One hour
DUE TO, OR AS A CONSEQUENCE OF:

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) Essential Hypertension — Ten years
DUE TO, OR AS A CONSEQUENCE OF:

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

19A. DATE OF OPERATION: 0
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from March 5, 19 63 to September 22 19 70 that (I) (we) last saw the deceased alive on September 11, 1 19 70 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: R. Patterson Russell, M.D. DEGREE
Attending Phys. [X] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: September 24, 1970
23C. PHYSICIAN'S NAME (Type): Dr. R. Patterson Russell DEGREE
23D. ADDRESS: Johns Hopkins Hospital

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: 9/26/70
24C. NAME of CEMETERY or CREMATORY: Oak Lawn Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Farley, M.D.
25C. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601 E. Madison St.

VS 150-REV. 1/1/68

1

H-452 70 9499 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

X 70 9499

BIRTH NO. REG. NO.

31/99

1. NAME OF DECEASED (Type or Print): MINERVA B. HOLLINGSHEAD

2. DATE OF DEATH: Known ☐ Estimated ☐ Month Day Year Hour

3. DATE PRONOUNCED DEAD: Month Day Year September 23, 1970 Hour 12:24 A.M.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): CITY HOSPITAL (DOA)

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland B. COUNTY: Balto 53-00
C. CITY OR TOWN: Baltimore D. INSIDE CITY LIMITS? YES ☒ NO ☐
E. STREET AND NUMBER: 1822 Walnut Avenue

6. SEX: Female
7. RACE: White
8. MARITAL: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. DATE OF BIRTH: Sept. 30, 1890
10. AGE (In years last birthday): 79 ~~80~~
If Under 1 Yr. Months Days Hours Min.

11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Stewart Smith

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
14B. KIND OF BUSINESS OR INDUSTRY: Own Home
15. MOTHER'S MAIDEN NAME: Catherine Diven

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
17. SOCIAL SECURITY NO.
18. INFORMANT: Family records ADDRESS

MEDICAL CERTIFICATION

19. I 412.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH: Arteriosclerotic cardiovascular disease

(A) IMMEDIATE CAUSE
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

20A. DATE OF OPERATION: 0
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED
21. AUTOPSY? (Yes or No): no

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held an Inquiry ☐ Inspection ☒ Autopsy ☐ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
ASSOCIATE MEDICAL EXAMINER ☐
DATE SIGNED: 9/23/70

24A. BURIAL CREMATION, REMOVAL (Specify): Burial
24B. DATE: Sept. 25, 1970
24C. NAME of CEMETERY or CREMATORY: Moreland Memorial Park
24D. LOCATION (City, town, or county) (State): Parkville, Maryland

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Tasker, M.D.
25C. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland ADDRESS

VS 151-REV. 7/1/68

1

B-500 70 9500

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.

REG. NO. 70 9500

1. NAME OF DECEASED (Type or Print): Edward Boone

2. DATE OF DEATH — Known ☒ Estimated ☐ — Month / Day / Year / Hour

3. DATE PRONOUNCED DEAD — Month: 9 Day: 22 Year: 70 Hour: 2:30 a.m.

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
33 Johns Hopkins Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Anne Arundel 52-00
C. CITY OR TOWN: Glen Burnie
D. INSIDE CITY LIMITS? YES ☐ NO ☐
E. STREET AND NUMBER: 920 Andrews Rd.

6. SEX: male
7. RACE: white
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

9. DATE OF BIRTH: Oct.27,1962
10. AGE (In years last birthday): 8
If Under 1 Yr. If Under 24 Hrs. Months | Days | Hours | Min.

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ROBERT NYALS BOONE

14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N?A
14B. KIND OF BUSINESS OR INDUSTRY: N/A
15. MOTHER'S MAIDEN NAME: EDDIE JO HUFFMAN

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): - - -
17. SOCIAL SECURITY NO.: N?A
18. INFORMANT: Mrs Eddie Jo Powers
ADDRESS: 1512 Eastway, Glen Burnie, Md.

MEDICAL CERTIFICATION

19. CAUSE OF DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

I — 286.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) IMMEDIATE CAUSE: Intestinal hemorrhage
DUE TO, OR AS A CONSEQUENCE OF:

(B) Hemophilia
DUE TO, OR AS A CONSEQUENCE OF:

(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).

20A. DATE OF OPERATION: 2
20B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
21. AUTOPSY? (Yes or No): yes

22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour) m.
22E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
22F. HOW DID INJURY OCCUR?

23. I certify that I held on Inquiry ☐ Inspection ☐ Autopsy ☒ and that on this basis, death in my opinion resulted from: Natural causes ☒ Accident ☐ Suicide ☐ Homicide ☐ Undetermined manner ☐

ACTUAL SIGNATURE: [signature] M.D.
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
ASSOCIATE MEDICAL EXAMINER ☐
EXAMINER'S NAME (Type): Werner U. Spitz, M.D. Deputy Chief Medical Examiner
DATE SIGNED: 9/22/70

24A. BURIAL CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: Sept.25,1970
24C. NAME of CEMETERY or CREMATORY: Patuxent Cemetery, Woodwardville, Odenton, Md. A.A.Co
24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT.: SEP 28 1970
25B. NAME OF REGISTRAR: Robert E. Talbert M.D.
25C. FUNERAL DIRECTOR: HOPPING FUNERAL HOME
ADDRESS: 172 West St. Annapolis Maryland

VS 151-REV. 1/1/68